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ABSTRACT

This independent learning packet, which is designed for administrators, teachers, counselors, and tutors in Pennsylvania's Region 7 Tri-Valley Literacy Staff Development area as well as for their adult students, examines the following seven problems encountered by students: the job market, child care, single parenting/parenting skills, divorce, health, alcohol/drug addiction, and domestic violence. The packet begins with a list of terms/definitions and a pretest. Presented next are sections on each of the problems considered. Each section ends with a seven-county phone listing of agencies providing more expertise on the particular problem. Various sample forms and checklists are provided throughout the packet, including the following: list of steps in assessing employment qualifications; interview checklist; sample resume sheet; guidelines for selecting child care centers; child care center information sheet; guidelines for single parents; issues to consider when deciding whether to separate/divorce; guidelines for proceeding through the divorce process; guidelines for selecting therapists; basic information about communicable diseases; and list of steps in the domestic violence healing process. Concluding the packet are a posttest, and a learning packet evaluation form. An appendix contains supplementary magazine articles examining strategies for solving the various problems discussed. Contains 53 references. (MN)

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ED 404 499

ADULT LITERACY
INDEPENDENT LEARNING PACKET

STUDENT PROBLEMS

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By: Ann Koefer

Tri-Valley Literacy
Staff Development - Region 7
Lehigh University, Bethlehem, PA

CE 073 448

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ABSTRACT PAGE

Title of Product: Student Problems

Author: Ann M. Koefer

Description of Services: Seven student problems are explored in this learning packet: The Job Market, Child Care, Single Parenting /Parenting Skills, Divorce, Health, Alcohol/Drug Addiction and Domestic Violence. As each problem is addressed, a seven-county phone listing is attached to offer contact information on the proper agency to call for more expertise on that topic area.

Target Audience: Administrators, Teachers, Counselors, Tutors and all students living in the Region 7 Tri-Valley Literacy Staff Development area (Berks, Carbon, Lehigh, Monroe, Northampton, Pike and Schuylkill counties).

Descriptors: (To be completed by AdvancE staff)

Study Guide

The title "Student Problems" may include such complex problems as AIDS and abortion or something as simple as curing minor aches and pains. All in all, they all serve as problems a student may face on any given day. The key is to remember that all of us face many of the same problems, therefore there are many resources out there to offer help.

This learning packet presents a look at seven complex challenges many adult students are facing today:

I. The Job Market
II. Child Care
III. Single Parenting/Parenting
IV. Divorce
V. Health
VI. Alcohol/Drug Addiction
VII. Domestic Violence

Following a description of each is a guide containing pertinent agency phone-numbers, many of which offer 24-hour hotlines for help and consultation. These agencies are grouped using a "by-county" system: covering the 7 - county radius of the Tri-Valley Staff Development Center.

A pre/post test is provided to check your skills in these areas. Pass this information along directly to the students you serve. Also a list of additional readings is suggested for those who want more information on any or all of the topics discussed.

In conclusion, through gathering the information provided here the following observations come to light:

(A) Our similarities far outweigh our differences. All families experience problems and learning this is the first step to facing them.

(B) There are professionals ready and willing to help you! The 1990's has proven itself the decade of self-awareness and growth.

(C) It's all up to <u>YOU</u>. The resources are available but YOU MUST TAKE THE FIRST STEP!

TERMS/DEFINITIONS UTILIZED IN THIS PACKET:

1. **Affirmation:** Strong positive statement (in the present tense) describing a goal you hope to achieve.

2. **(Monthly) Budget:** Income and expenditures from the 1st to the 30th day of each month. Should be flexible allowing for personal needs and minimizing record keeping.

3. **Day Care Agreement (by contract):** Clearly defined and in written form, all day care expectations you have for the facility which cares for your child.

4. **Credit Bureau:** A company that gathers and sells credit information about consumers. It will report credit accounts and if you have filed for bankruptcy or been sued for payment.

5. **Credit History:** A record of your payments on credit cards, charge accounts, installment loans, mortgages.

6. **Credit Worthiness:** Capacity, collatoral and character assessed in receiving a loan.

7 **Crack:** Crack is cocaine except it is smoked not sniffed. More addictive than heroin, easier to get than marijuana, more potent than cocaine powder.

8. **The Stress Factor:** The amount of change one experiences in daily life is directly related to the mental, emotional and physical state of the individual.

9. **Gonorrhea:** An infection caused by bacteria which can only survive in dark, moist, warm places of the body.

10. **Herpes:** A virus producing sores around the mouth (Simplex I) and genital area (Simplex II).

11. **Syphilis:** Small spiral-shaped bacteria which begins as a painless sore, progressing to rashes on the palms and feet.

12 **Job Club:** Group-approach to finding work.

13. **Job Corps:** Federally funded program for persons 16-21. Vocational training and GED preparation.

14. **Pastoral Counselor** - Most pastors who have special training in psychology or social work or have degrees in these fields can provide helpful, inexpensive counseling. In most cases a pastor is not a member of the psychiatric team, so he should be willing to refer patients to an appropriate professional therapist if necessary.

15. **Psychologist** - This person holds a degree in psychology, which is the study of the human mind and human behavior. A clinical psychologist has a doctoral degree in psychology plus a year of supervised clinical training and successful completion of a state licensing examination.

The cost of therapy provided by a clinical psychologist is reimbursed under most medical insurance policies, as is the more traditional care offered by a psychiatrist. A psychologist frequently charges less than a psychiatrist and can be just as effective. The psychologist should have a license and should be certified by the American Board of Examiners in Professional Psychology.

16. **Psychiatric-Mental Health Nurse** - This therapist is an RN with additional education (usually a master's degree in the field). Psychiatric nurses specialize in the prevention, treatment, and rehabilitation of mental illness. They conduct individual, family, and group therapy.

17. **Psychiatric Social Worker** - This individual has advanced training in social work with a master's degree and usually work in hospitals or community health centers.

18. **Psychiatrist** - This is a medical doctor who specializes in the treatment of mental illness. A psychiatrist must complete a medical degree, then after a year of internship, complete a three-year residency in psychiatry. A psychiatrist can prescribe drugs, while other therapists may recommend that their client's physician write a prescription. A psychiatrist should have a state license and should be certified by the American Board of Psychiatry and Neurology.

19. **Psychoanalyst** - Generally, this is a psychiatrist with special training in the use of psychoanalysis as a treatment method. There are also lay analysts who treat patients by psychoanalysis but who are not psychiatrists.

20. **Psychotherapists** - This is a generic term for any one of the above professionally trained persons who treat mental illness or personality disorders by psychological means.

If you doubt the credentials of any therapist, check with the local department of mental health or the individual professional association.

Perhaps the easiest and most common way to find a qualified therapist is to contact the nearest community mental health center (if it's not listed that way in the telephone book, look under "Hospitals," "Clinics" or "Physicians" in the Yellow Pages).[1]

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[1] Items 14 - 20 taken from How to Stay Out of the Hospital. by Lila Anastas, Emmaus PA 1986.

21. **VDRL:** Blood test to detect syphilis in stage I, II, or III.

22. **DT's:** (Delirium Tremor's) Create confusion, disorientation, hallucinations and intense agitation for the recovering alcoholic. May be fatal if untreated.

23. **Early Sobriety:** Denial of dependency, unwillingness to accept diagnosis of alcoholism.

24. **Later Sobriety:** Continuing care to maintain sobriety. Treatment focuses on job skills, further education and resocialization back into the family and society.

25. **Violence:** Exerting force so as to injure or abuse. May be in the form of [1]emotional/psychological, [2]sexual, or [3]physical.

STUDENT PROBLEMS INDEPENDENT LEARNING PACKET
PRE-TEST

True or False.

_____ 1. Setting goals is not necessarily easy or fun. But once determined, they demonstrate the energy and dedication needed so they can happen in your life.

_____ 2. Goals exist to support you, to give you direction. They should make your life easier, not harder.

_____ 3. A visit to a therapist means you recognize you have a problem and you want to help to fix it.

_____ 4. Domestic violence affects men and women of all ages, races, religions and incomes.

_____ 5. Rape is an act of violence. The sexual dimension often assumes lesser importance than the violent aspects.

_____ 6. Women are born with a sexual capacity as great as men's.

_____ 7. You must use birth control after an abortion if you don't want to get pregnant again.

_____ 8. Having an abortion does not, except in rare instances, affect your ability to get pregnant again.

_____ 9. Herpes is a virus that is highly infectious. Once you catch it, you may have it for life.

_____ 10. Crack offers a quick, intense "high", while a cocaine high is often milder, lasting longer.

_____ 11. If untreated, DT's (delirium tremors) may be fatal.

_____ 12. Most cities have suicide "hot-lines" which can be called 24 hrs. a day.

_____ 13. Suicide among kids is decreasing.

_____ 14. Most people who kill themselves really want to die.

_____ 15. Most employers won't take the time to write a letter to schedule a phone interview. A phone number where you can be reached is crucial.

_____ 16. A credit history is a record of your payments on credit cards, charge accounts, installment loans & mortgages.

_____ 17. It's okay to use credit to pay for entertainment or a vacation.

____ 18. It's best to pay cash for routine items (ex. groceries).

____ 19. The worst enemy of your back may be your mattress.

____ 20. Classified Ads hire only about 5% of those obtaining jobs. The most successful option is Networking.

____ 21. Choosing a divorce lawyer is a complex decision. A knowledge of tax law would be helpful since property transfers and support payments are usually involved in divorce settlements.

____ 22. Warning signs are apparent when someone needs professional counseling i.e. depression, change in physical appearance, or in personality.

____ 23. Parental "Burnout" is a possible reality for all parents.

____ 24. In establishing credit, start slow, registering for one credit line at a time.

____ 25. Choosing child care is easy. Check your local phone directory and call any of the care-givers listed.

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CHAPTER 1: THE JOB MARKET

A popular question asked of many children is the familiar "What do you want to be when you grow up?" Unfortunately, at an early age many of us experience fear and frustration from this reality of life. This section is dedicated to helping the teacher/tutor explore the job search process in a positive, supportive emphasis, instead of a "decision-focused" complex air. Feel free to duplicate this list to use with your students. By following a concrete, step-by-step procedure, you can see firsthand how easy and enjoyable the job-search process can be.

Step 1: List your skills.

1. Paid Positions: Write down a list of any paid positions you have held.
2. Unpaid Work: Work you have experience with through family, friends, relatives.
3. Volunteer Work: School Aide, Church worker.
4. Hobbies: Crafts, Photography, Auto Mechanics.
5. Clubs: Secretary of the Bowling League, Editor of Church Newsletters.
6. Miscellaneous: Cooking, Sewing, Playing a Musical Instrument.

Step 2: Compare your skills with Traits Employers Look For:

1. Honesty/Accountability: - Tell the truth!
2. Punctuality: Come and leave work on time.
3. Attitude: Try your best, make a personal commitment to do a good job.
4. Self-Confidence: You deserve a challenging job and can be successful at it.
5. Flexibility: Be able to shift gears. Look at the "total" job, not at the little details.
6. Sense of Humor: Learn from your mistakes and move on.

Step 3: Where To Look For Work...

1. Classified Ads: This is the hardest way to find work. Only about 5% find a job through the classified section.

2. Civil Services: Making job openings known to the public is necessary for government agencies. They will be posted in public places (Libraries, Job Centers, etc.). This procedure takes time: first you must take a civil service exam, receive your results, and wait for an interview to be scheduled.

Look in the Blue Pages of your Phone Book for a listing of the Dept. of Civil Service.

3. College Placement Offices: Most colleges establish a "Job Board" in their placement department with job listings available for both students and non-students. If you did not attend a college or post H.S. program, call or write the school to see if counseling and job placement services are available for you at no cost.

4. Job Clubs: This is a group attempt to find a job. Gather with a group of friends or relatives who share the same boat as you: Unemployment. Ask your library or local manpower program for more information on this approach.

5. Welfare Dept.: Job-search help is often available free at this facility.

6. Armed Forces: It may not be for everybody, but the Military serves as a great beginning to yet an undecided career. Make sure when you talk with a recruiter you get your choice in training "guaranteed in writing." Your room and board will be paid for and this choice offers you the opportunity to free training and $$ toward more education.

Step 4. FILLING OUT THE APPLICATION

Once you get a job interview, you are usually asked to complete a job application form. Here are some of the most common questions with some of the most obvious problems addressed:

1. Name and Address: Print clearly. List the address where your mail is received.

2. Complete Every Question: If a question doesn't apply to your situation write N/A (Not Applicable).

3. Always List A Phone Number: Work out an agreement with a family member or friend to take messages if you don't own a phone.

4. Date To Start: Write "Right Away" or "Immediately". Dates pass very fast.

5. Always put Negotiable for salary.

6. Begin with your present or most recent job when listing "Former Employers".

7. Job Description: List job duty experiences first that are necessary to do the job you are applying for. Employers like to hire the people needing the least amount of training.

8. References: Be prepared. Have a COMPLETE list of names, addresses and phone numbers for this purpose. Ask your references in advance so they are prepared to serve when contacted by employers.

INTERVIEW CHECKLIST

Share this checklist with your students in the form of student roleplaying or through a practical interview experience, between teacher and student, or counselor and student.

- Am I in the right frame of mind to look for a job?
- Am I dressed appropriately?
- Have I done my homework? Do I know enough about the company?
- Am I really prepared? Do I have an updated resume or fact sheet? Are my references available for contact, and have they been informed that they may be receiving calls about me?
- Am I ready for the difficult questions that I may be asked?
- Am I ready to ask questions of my own?
- Do I have my social security card with me?
- Will I need any other documents such as a draft card, licenses, union cards, etc.?
- Have I properly planned my time? Will I be able to arrive a few minutes early? Is my schedule free in case the interview runs late?
- Am I prepared to leave a positive impression with the interviewer regardless of the outcome?
- Do I really want the job if it is offered to me?

Why a "Thank You" note?

This is an excellent opportunity to make the employer think well of you. It is the polite thing to do, it gives you the chance to comment on anything you may have forgotten to say during the interview, and all it costs is the price of a postage stamp.

The above Checklist taken from: Back to Work: How to Re-Enter the Working World. by Nancy Schuman and William Lewis, Barron Educational Series.

Step 5: A Resume

Don't let the word "resume" scare you! Everyday life prepares all of us with "work experiences." Start by looking at the list of skills you provided at the beginning of this section. Now fill in these skills on the worksheet provided on the next page. List everything you can think of! You are more talented than you know!

* *RESUME SHEET* *

NAME_____

ADDRESS_____

ADDRESS_____

PHONE_____

Objective: _____

Summary: _____

Work History: _____

Education: _____

Personal: _____

After the interview, develop a telephone script. Wait 5 days and call the office where the interview took place.

"Hello! This is *your name*. I was interviewed on the *date of interview* and I wondered if the position has been filled. If I can provide any other information on myself at this time I am happy to do so." **Make them understand you want the job!**

NATIONAL RESOURCES

1. Back to School: The College guide for Adults
   Hapanski & C. E. McCabe
   Peterson's Guides
   Princeton, NJ 08541

2. The National Career Directory: An Occupational Information Ballot
   Barry & Linda Gale
   Arco Publishing Co., Inc.
   219 Park Ave. South
   New York, NY 10003

3. DISPLACED HOMEMAKERS NETWORK, INC
   101 Vermont Ave. N. W.
   Suite 817
   Washington, D.C. 20005

For More Information:

4. CATALYST
   14 E. 60th Street
   New York, NY 10022
   Phone (212) 777 - 8900

   Non-profit organization to help people explore career opportunities. It provides self-help publications for purchase.

The Job Market

Berks Co.:
Board of Assistants (215) 378-4211
Office of Vocational Rehabilitation (215) 378-4370
Social Security Administration (215) 320-5106

Carbon Co.:
Office of Vocational Rehabilitation 1-800-922-9536
Office of Job Center Field Operations (215) 821-6571

Lehigh Co.:
Allentown Job Center (215) 821-6735
Private Industry Council of Allentown (215) 437-5627
Office of Veteran Affairs (215) 820-3295
Hispanic American Organization, Inc. (215) 435-5334

Monroe Co.:
Bureau of Worker's Compensation 1-800-482-2383
Job Center Field Operations (215) 821-6571

Northampton Co.:
Private Industry Council (215) 258-6294
Northampton Community College - Work Life Center (215) 861-5350
Office of Employment Security (215) 861-2035
Easton Job Center (215) 258-6294

Pike Co.:
Board of Assistance (717) 296-6114
Social Security Administration (215) 320-5106

Schuylkill Co.:
S.C. Employment Training Program (717) 622-5253
Frackville Area Food Pantry (717) 874-1923
Board of Assistance (717) 621-3000
Bridge Housing (717) 875-0304
SPOC (717) 621-3017

HOW PEOPLE GET JOBS

TRADITIONAL

5% . . . . . Help Wanted ads

7% . . . . . School Placement

2% . . . . . State Job Service

1% . . . . . Private Employment Agency

15% TOTAL

HIDDEN JOB MARKET

48% . . . . . Networking*

24% . . . . . Going Directly to Employers

13% . . . . . Combination of Methods

85% TOTAL

*Networking is contacting friends, relatives and acquaintances.

OR:

5	PEOPLE	GOT	THEIR	JOBS	THROUGH	:HELP WANTED ADS
7	"	"	"	"	"	:SCHOOL PLACEMENT
2	"	"	"	"	"	:STATE JOB SERVICE
1	"	"	"	"	"	:PRIVATE EMP. AGENCY
48	"	"	"	"	"	:NETWORKING
24	"	"	"	"	"	:DIRECTLY TO EMPLOYERS
13	"	"	"	"	"	:COMBINATION
100						

This information was taken from Back to Work: How to Re-Enter the Working World, by Nancy Schuman and William Lewis, Barron Educational Series.

CHAPTER II: CHILD CARE

With women returning to the school/work force in record numbers, many are faced with the perplexing question "Who will take care of my children?"

Here's a step-by-step list to facilitate acquiring good child care services:

Does the care-giver:

* Treat each child specially?
* Create an atmosphere of fun, yet in an orderly, supervised way?
* Offer a variety of pre-school/pre-K activities?
* Supply proper materials in art, music, books, etc.?
* Encourage safety at all times?
* Center on increasing the child's self-esteem?
* Provide a proper role model for the children?
* Set an "open-door" policy so parents may visit at any time?
* Hire the proper number of employees for a satisfactory teacher-student ratio?

Make sure you visit the center before you complete the registration process. Check to make sure all furniture and equipment is clean, safe and in good shape. Is there enough room for the infants/toddlers? Is there enough open space so the children have free room to stretch?

The following items are a <u>MUST</u> for all child-care providers:

(1) First-Aid kit
(2) Fire Extinguisher
(3) Regular Fire Drills (Posted Openly)
(4) Covered Radiators
(5) Smoke Detectors
(6) Clean area for diaper changing
(7) Nutritional snacks
(8) Gates at Stair areas
(9) Potty chair or special toilet seat for training toddlers
(10) Proper light and ventilation
(11) Safety caps on electrical outlets

Once you've chosen your care-giver, complete the information sheet (on the next page), listing all pertinent information on your child in a clear, concise manner. In case of emergency, this sheet will provide the necessary information to handle the problem quickly.

Talk to your care-giver. If you have a question about a specific activity, <u>ASK</u>. Stop in unannounced to get a feel for

what's "really happening" each day. Ask for references. Good centers are happy to offer references. Don't be afraid to get to know the center. You're investing your most precious possession - YOUR CHILD.

Child-Care Center Information Sheet

To help you keep track of information about your child's care center, you can fill out the information sheet below. Or use the center's written form if it has one. Keep the sheet near your home telephone and at work. You may want to give copies to your spouse and to your emergency contact person.

_____ (child's name) is going to the _____ (center's name) child-care center located at _____ (address) _____ (telephone).

He/she goes there on:

- ☐ Monday _____ to _____
- ☐ Tuesday _____ to _____
- ☐ Wednesday _____ to _____
- ☐ Thursday _____ to _____
- ☐ Friday _____ to _____
- ☐ Saturday _____ to _____
- ☐ Sunday _____ to _____

Director's name: _____ Teacher's name: _____

To get to/from the center, I/we:

☐ Take him/her to the center at _____ (time). I/we pick him/her up at _____ (time).

☐ Use the center's transportation. It picks him/her up at _____ (time) at _____ (place) and brings him/her home by _____ a.m./p.m.

If the center closes early because of bad weather or other emergency, our arrangement is to _____.

My child can be picked up by:

_____ (name) _____ (address) _____ (telephone)

or _____ (name) _____ (address) _____ (telephone).

My phone number at work is _____.

If I cannot be reached, call _____.

My child's doctor is _____ (name) _____ (telephone).

In case of accident or illness, the center is to:

☐ Call me at work or call _____.

☐ Call my child's doctor.

☐ Take my child to _____ hospital/clinic.

My health insurance company and policy number are _____.

Full name(s) of parent(s) or guardian(s):

_____ (signature) _____ (signature) _____ (date)

Taken from Better Homes and Gardens Selecting Day Care, Meredith Corporation, 1989.

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CHILD CARE

Berks Co.:
Children & Youth Services (215) 478-6700
Childline: 1-800-932-0313
Children's Rights of PA, Inc. (215) 437-2971
CONCERN: Professional Services for Children and Youth (215) 691-8401

Carbon Co.:
Childline 1-800-932-0313
Children's Right's of PA, Inc. 1-215-437-2971
CONCERN: Professional Services for Children & Youth (215) 691-8401

Lehigh Co.:
TOT-INFO 1-800-528-7222
Headstart of the Lehigh Valley (215) 691-1819
Creative Learning Center (215) 434-6422
Child Care Information Service (215) 820-5333
L.C. Office Child & Youth (215) 820-3064
SAYRE CHILD CENTER (215)865-5053

Monroe Co.:
Child Line 1-800-932-0313
Children's Rights of PA, Inc. (215) 437-2971
Concern: Professional Services for Children (215) 691-8401

Northampton Co.:
TOT INFO 1-800-528-7222
Child Care Info Service (215) 820-5333
SAYRE CHILD CENTER - MONOCACY (215) 865-7769
WIC Clinic Spanish Councils (215) 691-5960
SPRING GARDEN CHILDREN'S SCHOOL (215) 258-6136
ST. PETER'S LATCHKEY PROGRAM (215) 863-6859

Pike Co.:
Children & Youth (717) 296-3446
Childline (1-800-932-0313
Children's Rights of PA Inc. (215) 437-2971
Concern: Professional Services for Children & Youth (215) 691-8401

Schuylkill Co.:
Early Intervention Program (717) 628-1180
Easter Seal Language Therapy (717) 455-4958
Schuylkill I.U. #29 (717) 544-9131
Operation Plus (717) 622-6010
Schuylkill Co. Child Development, Inc. (717) 385-3986
Children & Youth (717) 628-1050

CHAPTER III: SINGLE PARENTING / PARENTING SKILLS

I'm sure if you were to poll 100 parents and ask them which of all their roles was the most challenging, most frustrating, PARENTING would rank #1. Throughout the centuries, technologies may have created a more convenient, automated, world -- but parenting skills remain as perplexing than ever.

In "Choices and Consequences" Dick Schaefer lists eight tips to help in creating a positive relationship with your child:

(1) Never humiliate your child. Offer choices, but let them decide (and save face in doing so).

(2) Let your child experience his/her own pain. Don't take it on yourself.

(3) NEVER confront your child when he/she is under the influence of drugs/alcohol.

(4) Don't be permissive. SET LIMITS clearly.

(5) Respect his/her privacy. Monitor behavior but don't "snoop".

(6) Establish rules and be CONSISTENT. Don't express threats - keep things logical.

(7) Don't focus on the "negative" behavior of your child. See the positive side, recognize & communicate it openly.

(8) Don't go it alone. Check the resources at the end of this chapter and call the proper care givers in your county-area.

In any relationship LISTENING is crucial. Not only with your ears, but with your heart. BE ACCESSIBLE at that moment when they need you, and respond immediately, not when it is convenient to your schedule. Asking pertinent questions (guided listening) gives them the opportunity to understand your attitudes while helping you listen to theirs.

Use lots of humor! Remembering that all of us are human and susceptible to blunder: it brings us closer together so we can focus on the real challenges.

Single-Parenting

The five concerns most cited by single-parents are:

(1) Money: Each day brings the worry of being able to pay for it.

(2) Parenting Relief: Some days I'd pay anything for an afternoon for myself!

(3) Housing: A warm, dry place to live in a safe, green neighborhood.

(4) Relations with the Opposite Sex: After dealing with my children, I don't have the energy to date. To deal with the emotional, physical and mental challenge is just "Too much." It's easier to be alone.

(5) A good job: A decent salary in an interesting field of work.

Women are born with a sexual capacity as great as men's, but often don't demonstrate it. Many "experts" have created new myths about sexuality - traditionally women were told they were incapable of sexual enjoyment and today they are told to be insatiable "sex machines." Conflicting messages make female roles more complex than ever.

Society tells us we must be there for our children at all times. This can lead to inner resentment with all parents, but especially so for single-parents. You can be totally unaware of this resentment, although it may be resurfacing in various ways: (From the Single Mother's Handbook, by Elizabeth S. Greywolf, Quill Publishing, 1984).

(1) Do you spend too much time at home, yet resent others for their freedom?

(2) Do you rely on drugs/alcohol to get through the day?

(3) Do you react to minor incidents with dramatic mood swings, then find yourself apologizing?

(4) Do you frequently feel tense, irritable?

(5) Do you feel out of control of your everyday life?

If you've answered yes to the above questions, then take a moment and review the list of local agency help. If you have recently become a single parent or you've been going it alone for a long while -- explore your community for support and help. You will find others thinking the same questions and feeling the same fears -- and through this realization you will gain strength and focus.

SINGLE PARENTING/PARENTING

Berks Co.:
Family Life Services, Luthern Home 1-800-322-9597
Berks Co. Community Action Program: (215) 376-6571
Community Services for Children: 1-800-528-7222

Carbon Co.:
New Directions for Single Parents and Displaced Homemakers
(215) 799-1452
Maternal and Family Health Services, Inc. (717) 823-7000
Community Services for Children: 1-800-528-7222

Lehigh Co.:
Expecting & Parenting Youth Program - PIC (215)-437-5627 (ext. 215)
Wiley House Child & Family Center - (215)-437-1790
Family & Counseling Services of the Lehigh Valley (215) 435-9651
Adolescents & Families Together - (215) 432-6481
Community Services for Children: 215 691-1200

Monroe Co.:
New Directions for Single Parents and Displaced Homemakers
(215) 799-1452
Maternal and Family Health Services, Inc. (717) 823-7000
Community Services for Children: 1-800-528-7222

Northampton Co.:
Work Life Center - NCC (215) 861-5350
Family & Counseling Services of the Lehigh Valley (215) 435-9651
Family YMCA: (Easton YMCA) (215)-528-6158
Adolescents & Families Together - (215) 691-1200

Pike Co.:
County Board Welfare: 296-6114
WIC: (717) 296-8714
New Directions for Single Parents and Displaced Homemakers
(215) 799-1452
Maternal and Family Health Services: (717) 823-7000

Schuylkill Co.:
Family Service Agency (717) 622-2515
Single Parents Against Non-Support (SPANS) (717) 628-0775
Single Parents and Dislocated Homemakers Center (717) 874-3824
Teenline (717) 668-6688

Chapter IV: DIVORCE

Separation is never easy. Even when we know it's for the best - the pain of ending a relationship remains for a very long time. It is a decision no one else can make for you -- each individual needs to take a close look at his/her marriage, and weigh the pros and cons of staying in that relationship. How do you know if divorce is the answer? To begin, look at the following issues:

1. Similarity of Goals: Do you both want the same things in life? (i.e. children, careers, travel, a home) A marriage is much like a partnership: two people working toward the same goal, combining their talents/efforts.

2. Individuality is Good: Although you share the same goals - you are not the same person. Your personality is an asset to your marriage - diversity brings strength, not weakness to a union. Too much diversity may lead to lack of communication.

3. Define the Problem: Is it your marriage, or something else? (i.e. drug/alcohol, health problems, children)

4. Effort/Commitment: Have you really tried to make your marriage work? Can you honestly say you made the best effort possible? Many counselors argue divorce is "too easy" and many couples use it as a way out, giving up too soon on their relationship.

5. See a Marriage Counselor: Don't throw in the towel until you've seen a counselor. Give it the necessary time and effort to participate in a counseling program. You may learn things about each other, and yourself, you've never known before. You've invested too much into this relationship: don't give up until you've exhausted all avenues of help.

Once you've accepted divorce as the proper option, what to do next?

I. Choosing a Lawyer

First, "word-of-mouth" is an excellent way to find a good lawyer. Ask your family, friends and fellow employees for recommendations. If that doesn't work, call your local referral service of your state or local bar association. A lawyer's reputation from another lawyer's perspective is a viable aid in choosing the right lawyer for you.

II. Questions to Ask Your Lawyer

1. How many divorce cases have you handled?
2. Who will personally be handling my case?

3. Do you charge by the hour, one set price for the complete divorce?
4. Will he (she) go to court on this case if it cannot be settled?
5. How much "trial experience" does this lawyer possess in divorce law?
6. Which spouse pays court costs and court fees?
7. Is there a retainer fee?
8. Any extra charges to be incurred (i.e. accountants, investigators)
9. Payment schedule of fees (must it be paid in one lump sum, or in monthly installments).
10. Any personal questions you may have - ask them now. (i.e. How to pay off joint credit card accounts, pay joint tax returns).

III. Treatment of Your Spouse Once the Divorce Proceedings Begin:

1. Walk away from conflict.
2. Be polite, control your emotions.
3. Don't agree to anything without talking to your lawyer. Say "Talk to your lawyer and have him (her) communicate with mine."

IV. Courtroom Protocol

What to do in the courtroom setting:
1. Be honest: The truth always comes out in the end.
2. Be punctual: Don't arrive late.
3. Control yourself: Don't let your emotions get the best of you.
4. Be yourself: Don't act out of character - it'll be interpreted as phony.
5. Look the questioner straight in the eye - speak slowly and loud enough for all to hear.
6. Dress appropriately. No loud clothes - keep it simple.

IV. Financial Suggestions

Many times a divorce creates significant financial stress in a family. Possessions will be split, as well as the bills owed. Once this matter has been resolved, developing your own credit history will be crucial as you begin life on your own. A good credit history is established by:

1. Being honest when applying for credit
2. Trying to pay your loans off as soon as possible.
3. Notifying your creditor right away if your having trouble keeping up on your payments. right away.

Use cash for:
* vacations
* grocery (every-day) items
* entertainment

Use credit for

* school loans (they'll increase your earning power)
* Home improvements (they'll increase your home value)
* major purchases (appliances you need ASAP and can't afford)

A credit bureau will check you out before you receive your loan. Your credit history will be investigated by this company. Don't fret if you've had credit problems in the past -- look in the blue pages of your phone book for your local credit counseling office. Make an appointment with a credit counselor and set up a new monthly budget. If money was a problem in your marriage, learn from your mistake. Set up a budget - AND STICK TO IT!

Surviving a divorce offers a positive note. You have cleaned the slate and a new, open road stands before you. Learn from this experience and move on. Join a support group in your area and share your feelings on this experience.

DIVORCE

Berks Co.:
Domestic Relations Section (215) 820-3185
Lutheran Home 1-800-322-9597
Wiley House 1-800-346-7827

Carbon Co.:
Domestic Relations Section (215) 820-3185
DIVORCE-Alliance for Creative Development (215) 432-7433
Wiley House 1-800-346-7827

Lehigh Co.:
Domestic Relations- Lehigh County (215) 820-3185
Lehigh Valley Legal Services (215) 821-8545
Turning Point of the Lehigh Valley (215) 437-0222
DIVORCE-Alliance for Creative Development (215) 432-7433

Monroe Co.:
Domestic Relations Section (215) 820-3185
DIVORCE-Alliance for Creative Development (215) 432-7433
Wiley House 1-800-346-7827

Northampton Co.:
Attorney Referral and Information Services (215) 258-6333
Domestic Relations - Northampton County (215) 253-3566
Exodus Program (215) 691-6344
Northampton County Public Defender's Office (215) 559-3040

Pike Co.:
Public Defender: (717)296-5266
Domestic Relations Section (215) 820-3185
Wiley House 1-800-346-7827

Schuylkill Co.:
County Legal Services, Inc. (717) 628-3270
Domestic Relations Section (215) 820-3185
Lutheran Home 1-800-322-9597

CHAPTER V: HEALTH

Many times when we think of "Good Health" we center directly on the physical state of our bodies. But total or holistic "Health" is a combination of the mental, physical and emotional states. Because each of these very delicately inter-twines with the others, it is impossible to treat one without keeping in mind the other two.

Your mental and emotional entities inter-twine dramatically. How you <u>think</u> directly relates to what emotions you are <u>feeling</u> at that moment in time. How do you know when it's time to seek help for emotional concerns? The National Institute of Mental Health offers the following 5 warning signs:

(1) Are you acting differently from your normal personality or behavior?

(2) Are you significantly depressed or withdrawn? Look for dropping out of hobbies, school, activities with friends.

(3) Do you complain of painful experiences of intense anxiety? Most importantly, is there a root to this anxiety, i.e. unpaid bills, divorce, death. If there is no relative cause this behavior is a sign of severe emotional problems.

(4) Do you get angry, frustrated or even violent over minor incidents?

(5) Review your personal habits (i.e. sleeping, eating, grooming). One extreme or the other is a sign of emotional distress.

<u>Choosing a Therapist</u>

Choosing a therapist should not be taken lightly. The choices should depend on the nature of the problem. Remember that needing to talk to a therapist is a "good" thing, a sign of personal awareness and desire to "fix what's broken."

Once you've begun a program with a therapist, GIVE IT A CHANCE. Don't look for short-term cures: many of us spend our whole lives developing our problems, how can we expect to solve them in 2 weeks? Follow your therapist's directions, take any prescribed medication (as directed) and remember to ASK QUESTIONS! This is a two-way street: The therapist needs patient input as much as the patient needs the therapist.

<u>The Stress Factor</u>

No one is immune to "the Stress Factor." Everyday life takes it's toll on all of us, but major changes will alter our physical, mental and emotional health very significantly. Research suggests whenever possible we limit the amount of change in any one chapter

of our lives. Keep in mind that we can control the harmful effects of certain changes in our lives. Good friends / family support, preparation time before the changes occur and time to adjust after the changes have taken place are all concrete ways to limit the stress factor of change.

Lets take a look at some popular health areas that can improve the physical aspect of our health:

Aches & Pains:

· Check your mattress! A 3/4 inch-thick piece of lumber is a do-it-yourself mattress firmer. Don't sleep on your stomach.

· If you feel a back pain coming on, lay on the floor, inserting a pillow beneath your head and buttocks for support, with your feet resting on a chair.

· Stretch. It enhances your flexibility.

· A good pain-relieving exercise for the shoulders is the pendulum swing: Lean over and drop your arms like a pendulum and swing them around making large circles.

· Massage one foot with an empty soda bottle gently rolling back and forth.

Suicide

If you know someone is in danger of committing suicide GET HELP. Death is permanent, feelings change.

Danger Signs:
1. They are preoccupied with death.
2. They say they intend to harm themselves.
3. They have a plan for how to do it.
4. They have pills or a weapon of some kind their possession.
5. There is evidence they have already attempted to hurt themselves.
6. They have made a will.

If someone you know exhibits these symptoms, talk to them. Ask them if they are really thinking about committing suicide. Ask them to tell you about it. Ask them to tell you what is upsetting them. Show them you care. Help them find assistance. But above all DO NOT LEAVE THEM ALONE.

Suicide Myths and Facts:

Myth: People who talk about suicide don't kill themselves.
Fact: Eight out of ten people who commit suicide tell someone that they're thinking about hurting themselves before they actually do it.

Myth: Only certain types of people commit suicide.
Fact: All types of people commit suicide-male and female, young and old, rich and poor, country people and city people. It happens in every racial, ethnic, and religious group.

Myth: Suicide among kids is decreasing.
Fact: The suicide rate for young people has tripled in the last ten years.

Myth: When a person talks about suicide, change the subject and try to get his or her mind off of it.
Fact: Take them seriously. Listen carefully to what they are saying. Give them a chance to express their feelings. Let them know you are concerned. And help them get help.

Myth: Most people who kill themselves really want to die.
Fact: Most people who kill themselves are confused about whether or not they want to die. Suicide is often intended as a cry for help.

This information was taken from Changing Bodies, Changing Lives, by Ruth Bell, Vintage Books, NY, 1988, p. 146.

Talking can make a difference.

Abortion

No one would argue that abortion is one of the most heated topics of this century. Since the early 1970's Roe vs. Wade decision, abortion has remained front-page news.

What's important is to see the issue in its different lights, i.e. political (legal vs.illegal) and personal (how does this issue affect you, the individual?).

For our purposes here let's limit the issue to a personal one. Abortion is a medical procedure that removes the fetus before it develops into a baby that can live independently outside the mother.

Concerns of abortion to remember:

1. For a teenager, an abortion is safer then the delivery of the baby.
2. Having an abortion, generally, will not affect your ability to get pregnant again.
3. The earlier you have an abortion, the easier, safer and cheaper it is.

Talk about it with those you love. Make a list of the pros and cons of your delivering a baby.

Check your county phone-listing for your local "Planned Parenthood" office. This facility is confidential, and will only explain the options that are available for you.

Ultimately, the decision is yours. Remember that no decisions are completely right. But by reaching out to a professional who can explain your choices, and then discussing these options with your loved-ones, the best solution can be found for YOU.

Communicable Diseases

A. GONORRHEA

Common Names: Clap, drip, gleet, dose, hot pipes and the white.

Definition: An infection caused by the gonococcus bacteria. It will die on contact with air within seconds. The bacteria grows in the penis, vagina, mouth or throat.

Symptoms: Females: Vaginal discharge, unusual odor.
Males: Penis - discharge
Painful urination, sore throat, swollen glands, oral discharge.

Treatment: Penicillin, ampicillin, tetracycline can cure gonorrhea. Pregnant women should NOT take tetracycline. And remember: NO SEXUAL ACTIVITY UNTIL TREATMENT IS COMPLETE.

B. HERPES

Definition: Highly infectious virus. ONCE YOU GET IT, YOU HAVE IT FOR LIFE.

Herpes Simplex I: Common cold sores.

Herpes Simplex II: Genital sores.

Blisters burst and then heal, with the virus traveling through the nervous system to live at the base of the skull. It is passed by direct contact with sores.

Symptoms: Itching or tingling sensation around the genital area. Then the sores will appear. They stay for up to 2 weeks - They may go away and never come back.

Treatment: There is no medical cure to kill the herpes virus. Aspirin, sulfa or viral creams may be prescribed. Keep the area clear and dry, and use ice to numb the pain. Eat a good diet and get lots of sleep.

Write to HELP, P.O. Box 10, Palo Alto CA 94302 for news about herpes research. "The Helper" is their monthly magazine, can be obtained for a $5 yearly subscription.

C. SYPHILIS

Names: Siff, pox, lures, bad blood, Old Joe, and haircut.

Definition: Small spiral-shaped bacteria which enters the bloodstream and attack the major organs.

Symptoms:

Stage 1. A painless sore appears usually around the genitals (a chancre [shanker]). A rash may appear on the palm of the hands or soles of the feet.

Stage 2. Fever, Swollen Glands, flu like pain. A rash all over the body may appear, or may not.

Stage 3. Attack of the internal body organs.

Treatment: A blood test called VDRL will detect syphilis in Stage I, II, and III. Penicillin will be given to treat the disease. Take pills for as long as the doctor prescribes. **DON'T HAVE SEX UNTIL YOU ARE CURED.**

D. AIDS

Definition: The most frightening of all, AIDS is a disease that kills. The only way to avoid it is to be safe regarding sex and drugs. AIDS is associated with the dysfunction of the immune system. An AIDS test is free and completely confidential. Presently. only the symptoms can be treated. Experimental drugs can stop some physical pain AIDS induces.

Symptoms:

1. Unexplained fever, night sweats, and chills lasting many weeks.
2. Persistent and unexplained fatigue.
3. Unexplained weight loss (more than 10 lbs.).
4. Persistent dry cough.
5. Severe weakness.
6. Diarrhea.
7. White hairy spots of the mouth and tongue lasting several weeks.
8. Lymph node swelling all over the body.

Prevention:

1. Know your sex partner(s) well and ask them about t their health.
2. Limit your partners. A mutually monogamous relationship with someone who does not have AIDS is safe.
3. ALWAYS USE CONDOMS DURING PENETRATION.
4. Condoms along with spermicide are very good protection. Remember, they will also prevent pregnancy.
5. Do not have sex with prostitutes or anyone you hardly know.
6. Avoid anal intercourse.
7. Avoid kissing with open cuts or sores on his or her mouth or lips.
8. Practicing oral sex may be unsafe. Semen (come) *will* carry the AIDS virus if the person is infected.
9. Avoid having sex while drunk or stoned. Drugs and alcohol tend to interfere with taking action.

Symptoms and prevention taken from: T.R. Shantha, AIDS-HIV A Prescription for Survival", International Publishing, 1991.

If you think you or your partner may have AIDS:

1. Get Tested!
2. Avoid sexual contact
3. Avoid Pregnancy
4. Inform any other sexual partners from your past.

National Hotlines

1. National AIDS hotline: 1-800-342-7514
2. Public Health Service Hotline: 1-800-342-AIDS
3. National Sexually Transmitted Disease Hotline: 1-800-221-7044
4. National Gays Task Force 1-800-221-7044

PHYSICAL SELF-CARE

Change demands energy. Your energy depends on how well you take care of your body. A 16-hour day, 7-days-a-week schedule-with fast food snacks, too much coffee, and hours of worry will drain your energy. Instead of worrying about change try to see it as a challenge. Eat regular and nutritious meals, get a good night's sleep, exercise regularly, and take time off for personal renewal. Recharging your inner batteries can make a big difference as you deal with the changes happening in your life.

Check below those self-care habits you practice regularly. The more you do, the more resilient you will be. During the crisis of change, you will be tempted to cut back, saying, "I don't have the time." That is precisely when you need these regular self-renewal practices the most!

DIET

___ Eat a healthy breakfast.
___ Maintain a low fat, low sugar diet.
___ Restrict alcohol intake.

REST

___ Arrange a quiet time each day.
___ Engage in relaxation exercises before bed.
___ Get a good night's sleep.

EXERCISE

___ Engage in 20 minutes of aerobic exercise at least 3 times a week.
___ Participate in a game or sport on a regular basis.
___ Walk as much as possible.

RECHARGING

___ Schedule regular time with friends or family members.
___ Establish personal and professional goals.
___ Assess accomplishments from time to time.

Taken from "Managing Personal Change" by Cynthia Scott, Ph.D. and Dennis Jaffe, Ph.D., Crisp Publications, 1989.

HEALTH

Berks Co.:
Planned Parenthood: (215) 439-1033
Area on Aging: (215) 478-6500
Community General Hospital (215) 376-1900
St. John Hospital (215) 378-2000
AIDS OUTREACH: (215) 252-3040 (24 hr hotline)

Carbon Co.:
Gnaden Huetten Memorial Hospital: (215) 377-1300 (24 hrs.)
AIDS OUTREACH: (215) 252-3040 (24 hr hotline)
Planned Parenthood: (215) 694-0642
Allentown State Hospital (215) 821-6211 (24 hrs)
Weller Center for Health Education (215) 258-8500

Lehigh Co.:
AIDS taskforce of the Lehigh Valley (215) 437-7742
Planned Parenthood: (215) 439-1033
Allentown State Hospital (215) 821-6211 (24 hrs)
Weller Center for Health Education (215) 258-8500

Monroe Co.:
Gnaden Huetten Memorial Hospital: (215) 377-1300 (24 hrs.)
AIDS OUTREACH: (215) 252-3040 (24 hr hotline)
Planned Parenthood: (215) 694-0642
Easton Hospital: (215) 250-4000 (24 hrs.)

Northampton Co.:
AIDS taskforce of the Lehigh Valley: (215) 437-7742
Hogar Crea: (215) 866-3442 (24 hr Hotline)
Planned Parenthood: (215) 694-0642
Easton Hospital: (215) 250-4000 (24 hrs.)
Weller Center for Health Education (215) 258-8500

Pike Co.:
Maternal Health: (717) 296-8714
Area on Aging: (717) 296-7816
MH/MR: (717) 296-6484
AIDS OUTREACH: (215) 252-3040 (24 hr hotline)
Planned Parenthood: (215) 439-1033

Schuylkill Co.:
Good Samaritan Hospital Nutrition Counseling Programs (717) 621-4000
Pottsville Hospital - Home Health Care (717)621-5000
State Health Center (717) 621-3112
Turning Point (717) 628-5234
AIDS OUTREACH: (215) 252-3040 (24 hr hotline)
Planned Parenthood: (215) 439-1033

CHAPTER VI: ALCOHOL/DRUG ADDICTION

Drugs demand a price from all users. Sooner or later, the bill comes due. If you or someone you love is dependent upon drugs, know that others just like you have succeeded in getting off. But before the process of recovery can begin, the user must recognize his or her need for help and in return be prepared to accept it.

Step 1: When ready, consult a doctor who has past experience with drug dependent patients (a full physical-checkup is recommended).

Step 2: Choose a program where you trust the staff, feel comfortable with the depth of commitment and do just that: commit yourself to the process.

Step 3: The pain of withdrawal is directly related to your mental attitude. A positive attitude helps the hard times pass. The real challenge comes after the with drawal phase is over.

Step 4: Keep busy. Set up a structured routine and stick to it. Try new activities and stay away from the old friends who shared your addiction.

The Alcoholic

The treatment of alcoholics includes three phases: detoxification, rehabilitation and outpatient therapy.

Stage 1: Detoxification

This stage presents the alcoholic with the momentous challenge of stopping cold: many times experiencing sweating, nervous tremors, rapid heart beat, and an increase of blood pressure.
If untreated, DT's (delirium tremors) may be fatal. DT's create feelings of confusion and an increase in agitation and hallucinations. Hospitalized detoxification allows the Addiction Counselor the luxury of preparing the alcoholic for the upcoming stages. Symptoms of Early Sobriety prevail here.

Stage 2: Rehabilitation

This stage can last from four weeks to six months. Each alcoholic is unique and needs to be rehabilitated on a individual treatment plan. Group counseling, alcohol education and an environment that prohibits alcohol or any other unprescribed drugs is essential for the patient's success. Halfway houses are often recommended for those clients who have few or no personal family or friends. Here the alcoholic can acquire coping skills and develop individual responsibility. Characteristics of Later Sobriety are apparent here.

Stage 3: Outpatient Therapy

Therapies utilized here include meditation, biofeedback, nutritional counseling and recreational programming. Relapse prevention is the primary goal in the treatment programs. The key is to train the patient to learn new ways to act within a new lifestyle: putting aside the old patterns of behavior.

The Addict

There are many illegal drugs available on the streets of America today. Here we will look at two of the most popular, and most dangerous: Crack and Cocaine.

What is Crack?

Crack is cocaine. The name refers to the sound it makes when it's smoked. It is one of the most addictive substances available to mankind. It goes straight from the lungs to the brain. Crack appears to be less costly then cocaine because it's sold in smaller amounts, with a price tag around $10 a vial. But because the high lasts only 15 minutes, you will ultimately spend more, because you crave more.

What is Cocaine?

This drug offers a longer, milder, high than crack. Many users experience a decrease in interest of food -- thereby lacking in vitamins B6, B1 and C. The cocaine sniffer risks destruction of the mucous membrane: sneezing, respiratory infections , nose bleeds and nasal sores are common. Drug use in the 60's and 70's was considered "recreational", the message being have fun! Today the same drugs on the street are far more potent. Peter Bensinger, former head of the DEA, called the comparison "like the difference between a bicycle and a Sherman tank".

TOLL-FREE INFORMATION

1-800-COCAINE	Cocaine Hotline
1-800-638-2045	National Institute on Drug Abuse (NIDA)
1-800-241-9746	Pride Drug Information
1-800-554-KIDS	National Federation of Parents for Drug-Free Youth (NFP)

Alcohol/Drug Addiction

Berks Co.:
Berks County Action Program (215) 376-6571
Saint Joseph's Hospital (215) 378-2000
Community General Hospital (215) 376-1900

Carbon Co.:
Pregnancy in Addiction Program (215) 264-5900
Lehigh Valley Behavorial Health Center (215) 398-1060
Lehigh Valley Addictions Treatment Service (215) 758-9523
Halfway Home of the Lehigh Valley (215) 439-0218

Lehigh Co.:
Alcoholics Anonymous Allentown: (215) 434-0614
(Both 24 hr. hotlines) Bethlehem: (215) 691-8711
Keenan House (215) 439-8470
Halfway Home of the Lehigh Valley (215) 439-0218
Alcohol Council of the Lehigh Valley (215) 867-3986

Monroe Co.:
Pregnancy in Addiction Program (215) 264-5900
Lehigh Valley Behavioral Health Center (215) 398-1060
Lehigh Valley Addiction Treatment Services (215) 758-9523

Northampton Co.:
Alcoholics Anonymous Easton: (215) 252-HELP or 252-4357
Hogar Crea (215) 866-3442 (24 hr. hotline)
New Bethany Ministries (215) 691-5602
Alcohol Council of the Lehigh Valley (215) 867-3986

Pike Co.:
Pike County Drug and Alcohol (717) 296-7255
Keenan House (215) 439-8470

Schuylkill Co.:
Good Samaritan Hospital: Counseling D&A (717) 622-5898
Riverside Central 1-800-441-2070 (24 hr. hotline)

CHAPTER VII: DOMESTIC VIOLENCE

Men and women of all races, religions, ages and economic status experience domestic violence. An estimated three million Americans are involved in at least one domestic violence episode each year. A recent study showed over 65% of abusive men saw their fathers abusing their mothers, or were themselves victims of child abuse. Violence has a major affect on children: Boys learn it is okay to be violent when feeling stress or anger and girls develop a pattern of acceptance of this behavior.

The three major areas of domestic violence include the Physical, Sexual and Psychological. Physical violence is the easiest to define because it involves concrete,visible actions: Hitting, kicking, shoving, pushing, etc. One way to avoid this type of violence is the "Time Out" method.

Step 1: Express your anger. Say, for example, "I am mad at you for spending the rent money". Saying you are angry actually releases the emotion from inside you.

Step 2: LEAVE THE ROOM. Once you have voiced your anger, go out for one hour and give both parties a chance to "cool off". Keep to your word -- don't stay out longer, or return any sooner than the agreed upon one hour time period. The "Time Out" method is one way to begin to win back your partner's trust.

Sexual violence involves one person taking advantage of another through a sexual contact. Psychological violence is the most difficult to monitor because it involves an intangible source of cruelty: it does not always take a concrete, visible form but the pain it inflicts can be the most devastating of all three forms of violence discussed here. Psychological violence is an attack on the individual's self-esteem, creating an atmosphere of pain and confusion.

All kinds of domestic violence are difficult to talk about, both with friends or professional counselors. Keep in mind that realizing that you are a victim of such violence is the first step to dealing with the issue and starting on the road to your own healing.

Four Steps of the Healing Process:

Step 1: LET GO. Express your feelings of anger, guilt and frustration

Step 2: ASK FOR HELP. Most critical is taking that step to work with a professional therapist.

Step 3: COMMUNICATE. Write your feeling down in a journal, or express them orally to a friend, family member or

support group.

Step 4: CHANGE BEHAVIOR. Develop a realistic strategy for changing one aspect of your behavior. Conquer one characteristic at a time.

RAPE

There is no such thing as a "typical rape". Rape is a true act of violence. There is NO love making involved. Approximately 90% of all rape victims receive some form of physical injury. It therefore must be noted that a victim of rape is not responsible for this experience. Rape occurs at all hours of the day or night, on any given day. Placing blame on the victim will only halt the recovery process he or she must complete to move on from the incident. Encourage the victim to pursue legal action and follow the following steps: (Taken from "If She is Raped", by Alan McEvoy and Jeff Brookings, 1984).

Step 1: The Immediate Aftermath
- (A) Report the incident to police
- (B) Initial police interview
- (C) Medical Examination

Step 2: The Next Day
- (A) Official statement given to police
- (B) Identification of weapons or other evidence collected by police
- (C) Identification of Assailant
- (D) Polygraph exam (not Mandatory)
- (E) Charges filed

Step 3: Apprehension of Suspect
- (A) Testimony before a grand jury
- (B) Assailant indicted, trial date set.

By following a few, simple words of caution you may save yourself or someone you love from this calamity.

ALWAYS REMEMBER TO:

* Make sure your home is SAFE: Deadbolts, peep hole viewer, window locks.
* If you are a woman living alone, do not list your name in the phone directory.
* Always keep your car locked and parked in a lighted area.
* NEVER Hitch-Hike! Carry a police whistle.
* When on a date, be clear about exactly what your sexual activity levels will be: Don't play games and lead your escort on.

NATIONAL RESOURCES

National Center for the Prevention and Control of Rape
Room 15-99, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

National Coalition against Sexual Assault (NCASA)
P.O. Box 7156
Austin, Texas

DOMESTIC VIOLENCE

Berks Co.:
Women in Crisis (215) 373-2053
Center for Victim Assault (215) 372-7273
People Against Rape (215) 372-7273 (same PH as above agency)

Carbon Co.:
Endeavor (215) 691-6360
Family Counseling of the Lehigh Valley (215) 435-9651
Turning Point of the L.V. (215) 437-0222 (24 hr. hotline)

Lehigh Co.:
Rape Crisis Council of the L. V. (215) 437-6610 or 437-6611
Family Counseling Services of the L.V. (215) 435-9651
Turning Point of the L.V. (215) 437-0222 (24 hr. hotline)

Monroe Co.:
Endeavor (215) 691-6360
Family Counseling of the L.V. (215) 435-9651
Turning Point of the L.V. (215) 437-0222 (24 hr. hotline)

Northampton Co.:
Endeavor (215) 691-6360 (24 hr. hotline)
Family Counseling of the L.V. (215) 435-9651
Turning Point of the L.V. (215) 437-0222 (24 hr. hotline)

Pike Co.:
Domestic Relations Office (717) 296-3471
Women Abuse (717) 296-HELP

Schuylkill Co.:
Rape Crisis Center (717) 622-6220 (24 hr. hotline)

POST TEST

True or False.

____ 1. Setting goals is not necessarily easy or fun. But once determined, they demonstrate the energy and dedication needed so they can happen in your life.

____ 2. Goals exist to support you, to give you direction. They should make your life easier, not harder.

____ 3. A visit to a therapist means you recognize you have a problem and you want to help to fix it.

____ 4. Domestic violence affects men and women of all ages, races, religions and incomes.

____ 5. Rape is an act of violence. The sexual dimension often assumes lesser importance than the violent aspects.

____ 6. Women are born with a sexual capacity as great as men's.

____ 7. You must use birth control after an abortion if you don't want to get pregnant again.

____ 8. Having an abortion does not, except in rare instances, affect your ability to get pregnant again.

____ 9. Herpes is a virus that is highly infectious. Once you catch it, you may have it for life.

____ 10. Crack offers a quick, intense "high", while a cocaine high is often milder, lasting longer.

____ 11. If untreated, DT's (delirium tremors) may be fatal.

____ 12. Most cities have suicide "hot-lines" which can be called 24 hrs. a day.

____ 13. Suicide among kids is decreasing.

____ 14. Most people who kill themselves really want to die.

____ 15. Most employers won't take the time to write a letter to schedule a phone interview. A phone number where you can be reached is crucial.

____ 16. A credit history is a record of your payments on credit cards, charge accounts, installment loans & mortgages.

____ 17. It's okay to use credit to pay for entertainment or a vacation.

____ 18. It's best to pay cash for routine items (ex. groceries).

____ 19. The worst enemy of your back may be your mattress.

____ 20. Classified Ads hire only about 5% of those obtaining jobs. The most successful option is Networking.

____ 21. Choosing a divorce lawyer is a complex decision. A knowledge of tax law would be helpful since property transfers and support payments are usually involved in divorce settlements.

____ 22. Warning signs are apparent when someone needs professional counseling i.e. depression, change in physical appearance, or in personality.

____ 23. Parental "Burnout" is a possible reality for all parents.

____ 24. In establishing credit, start slow, registering for one credit line at a time.

____ 25. Choosing child care is easy. Check your local phone directory and call any of the care-givers listed.

ALL STATEMENTS ARE TRUE EXCEPT #'S 13,14,17 AND 25.

LEARNING PACKET EVALUATION

1. Did you find the seven student problems explored here to be timely, appropriate issues?
   YES _____ NO _____

2. If yes, which did you find most interesting?
   _____
   _____.

3. If no, which do you feel should be eliminated?
   _____
   _____.

4. If you could suggest any student issues to be explored in a future product, what would they be?
   _____
   _____.

5. Is this packet appropriate for the Adult Learners you work with
   _____
   _____.

6. In your opinion, did the information offered here meet your needs as an literacy educator?
   _____
   _____.

7. Do you feel the Bibliography, Extended Readings List and additional articles will help you in further discussion of these topic areas?
   YES _____ NO _____

8. Do you find the learning packet to be a viable tool in teaching your student, either in a group setting or one-on-one?
   YES _____ NO _____

9. Would you like to see more topics explored through the Independent Learning Packet experience?
   YES _____ NO _____

10. Is yes, what additional topics should be explored?
    _____
    _____
    _____.

THANK YOU FOR YOUR TIME IN REVIEWING THIS EVALUATION.
PLEASE RETURN TO THE TRI-VALLEY STAFF DEVELOPMNET CENTER

BIBLIOGRAPHY

Anastas, L. 1986. How to Stay out of the Hospital. Emmaus, PA.: Rodale Press.

Bell, R. 1988. Changing Bodies, Changing Lives. New York: Vintage Books.

Better Homes and Gardens. 1989. Selecting Day Care. Des Moines, Iowa: Meredith Corporation.

Bottel. 1979. Parent Survival Kit. New York: Doubleday and Company, Inc.

Chatloos, C. 1987. What you should Know about the Cocaine Empire. New York: Perigee Books.

Fishman, R. Ph.D. 1992. The Encyclopedia of Psychoactive Drugs. New York: Chelsea House Publications.

Friedman, J.T. 1984. The Divorce Handbook. New York: Random House.

Greywolf, E. S. 1984. The Single Mother's Handbook. New York: Quill Publishers.

Leadership Lehigh Valley. 1989. Meeting Our Employees Child Care Needs. Bethlehem, PA.

McEvoy, A. W. and J. Brookings. 1984. If She is Raped. Holmes Beach, Florida.

Miller, K. 1991. How to take Notes Effectively. Allentown, PA: Log Cabin Publishers.

Mothne, I. and A. Weitz. 1984. How to Get Off Drugs. New York: Rolling Stone Press.

Moskowitz, R. 1981. How to Organize Your Work and Your Life. New York: Dolphin Books.

Norfolk, D. 1977. The Stress Factor. New York: Simon and Schuster Publishers.

Editors of Prevention Magazine. 1987. Stopping Sickness. Emmaus PA: Rodale Press.

Rodgers, B. and S. Johnson. 1986. Hidden Job Market. White Hall, Virginia: Betterway Publications, Inc.

Schuman, N. and W. Lewis. 1985. Back to Work: How to Re-enter the Working World. New York: Barron Educational Series.

Scott, C. Ph.D., and D.T. Jaffe, Ph.D. 1989. Managing Personal Change. Los Altos, CA: Crisp Publications, Incorporated.

Sonkin, D.J. and M. Durphy. 1989. Learning to Live Without Violence. Volcano, CA: Volcano Publishers.

Schaefer, D. 1987. Choices and Consequences: What to do When a Teenager Uses Drugs. Minneapolis: Johnson Institute Books.

Shantha, T.R. M.D. Ph.D . 1991. AIDS-HIV : A Prescription for Survival. Stone Mt., Georgia: International Publishing House.

Valley Wide Directory. 1991. American Red Cross, Lehigh Valley Chapter, P.O. Box 1881, Lehigh Valley, PA. 18001-1881.

Villanueva, T. M.D., Powell, A. M.D. and Tsing Howard, M.D. 1987. Sexually Transmitted Diseases. R and E Publishers.

Weinstein, B. 1982. Resume for Hard Times. New York: Simon and Schuster, Publishers.

Winters, C. and C. Hupping. 1988. Rodale's Book of Shortcuts. Emmaus, PA: Rodale Press.

PERIODICAL BIBLIOGRAPHY

Gallo, Nick. (August 1992). Calming jangled nerves. Better Homes and Gardens, Pages 163-164.

Justice, Blair. M.D. (June 1988). Think yourself healthy. Prevention, Pages 31+.

Kennedy, Marilyn Moats. (July 1988). A job hunter's guide for the 1990's. Glamour, Pages 210+.

Novack, Janet. (May 11, 1992). Earning and Learning. Forbes, Pages 150+.

Taffel, Ron. Ph.D. (January 1992). Spoil Yourself for a Change. McCalls, Pages 32+.

X, Jack. (December 1990). Down to cocaine hell. Reader's Digest, Pages 183+.

Zarnow, Teryl. (June 1992). Nag no more. Redbook, Pages 150+.

OPPORTUNITIES FOR EXTENDED READING

JOB MARKET

Haponski, W.C. and McCabe, C.E. Back to School: The College Guide for Adults. Princeton, N.J.: Peterson's Guides.

Kleiman, G. 1992. The 100 Best Job$ For the 1990's and Beyond. Dearborn Financial Publishing.

Sprague, N. and Kratz, H. Finding a Job: A Resume Book for the Middle-aged and Retired. New York: Adephi Press.

U.S. Department of Labor. A Working Women's Guide to Her Job Rights. Leaflet #55, $1.60 each.
Write to: Office of the Secreatry
Women's Bureau
Washington, D.C. 20210

CHILD CARE

Chaback, E. and P. Fortunato. The Official Kid's Survival Kit. Boston: Little, Brown and Co. ($8.95 paperback).

Moses, K. 1989. It's a Child's World: Complete Guide to Day Care. North Dakota: North Heritage Press.

Spaide, D. 1990. The Day Care Kit. New York: Birch Lane Press.

PARENTING

Davis, Eshelman M. and E. Robbins McKay. 1982. Relaxation and Stress Reduction Workbook. Oakland CA: New Harbinger Publications.

Rubin, L. B. 1986. Just Friends: The Role of Friendship in our Lives. New York: Harper and Row.

Sanger, S. M.D. and J. Kelly. 1987. The Woman who Works, the Parent who Cares. Boston: Little, Brown and Company.

Sonna, L. Agler M.D. 1990. The Homework Solution. Vermont: Williamson Publishing Company.

Tobias, J. 1986. Kids and Drugs: A Handbook for Parents and Professionals. Panda Press.

DIVORCE

Gottlieb, D. and I. Bellow Weiss/Gottlieb. 1988. What to do When your Son or Daughter Divorces. New York: Bantam Books.

Greif, G. L. and M. S. Pabst. 1988. Mother's Without Custody. MA: Lexington Books.

HEALTH

Stoppard, M. Dr. 1991. Everywoman's Medical Handbook. New York: Ballantine Books.

ALCOHOL/DRUG ADDICTION

Black, C. It will never happen to me: Children of Alcoholics as Youngsters, Adolescents and Adults. Denver, CO: M.A.C. Publications.

Gold, M. S. 1984. 800-COCAINE. New York: Bantam Books.

Parents Resource Institute for Drug Educarion, Inc. (PRIDE) Woodruff Building, Suite 1002, 100 Edgewood Avenue, Atlanta GA 30303.

DOMESTIC VIOLENCE

Burgess, A.W. and Holmstrom, L.L. 1978. The Victim of Rape: Institutional Reaction. New York: John Wiley and Sons.

Lerner, H. Goldhor. 1985. The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships. New York: Harper and Row.

Lew, M. 1988. Victims No Longer: Men Recovering from Incest. New York: Nevraumont Publishers.

ADULT LITERACY
SUPPLEMENTARY ARTICLES

STUDENT PROBLEMS

By: Ann Koefer

Tri-Valley Literacy

Staff Development - Region 7
Lehigh University, Bethlehem, PA

CALMING JANGLED NERVES
Six strategies for taming the stress beast

Stressed out? You're not alone: Last year, in a survey of 600 workers, almost half reported that they were highly stressed. More than one-third said the stress was so severe that they had considered quitting their jobs.

Workplace stress taints family life, too. In two-career families, parents juggle the demands of work, daily living, and raising children.

Meanwhile, research continues to link stress to heart disease, hypertension, and a host of other illnesses. The nonprofit American Stress Institute estimates that at least three-quarters of visits to physicians are for stress-related disorders.

What can you do? First, you can work to eliminate some stresses. But more important is learning to manage unavoidable stress. Our collection of strategies and tactics can help.

(PS. Don't try to implement every stress-reducer listed here. That would only add to your stress. Try a few options at a time.)

1. GET AN ATTITUDE

You can't always change stressful situations, but you can defuse their impact on you by changing the way you handle them.

● Take charge. Stress-resistant people stay actively engaged in trying to shape events around them, reports Raymond Flannery Jr., Ph.D., assistant professor of psychology at Harvard Medical School. "If problems come up, they gather information and look for resources. They figure out a plan and try a solution. If one solution doesn't work, they try another." That's the finding of Dr. Flannery's 12-year research study on people able to resist the worst effects of stress.

● Make commitments. Dr. Flannery, author of *Becoming Stress-Resistant* (Continuum Press, 1990), also found that people are less stressed-out when they have meaningful goals. When you care about what you do—whether it involves career, family, or community—you're likely to be more energetic and resourceful about solving conflicts.

● Stay open-minded. Psychologists Suzanne Kobasa, Ph.D., and Salvatore Maddi, Ph.D., use the term "hardiness" to describe a set of beliefs that protect people from stress. One key element: Regarding changes as interesting challenges instead of threats. Hardy people aren't distressed by heavy responsibilities because they see them as opportunities for challenging work and accomplishments. "Even when they are forced to deal with painful losses, they ask themselves: What can I learn from this adversity?" says Dr. Maddi, president of the Hardiness Institute in Irvine, Calif.

● Banish negative thoughts. It's easy to create needless stress by viewing events negatively. Examples of troublesome patterns: All-or-nothing thinking ("I slipped up on my diet today. I'll never lose weight."); overreacting to frustrations ("I spilled ketchup on my blouse. My life is ruined."); and blaming others ("I lose my keys because you can't keep the house neat.").

Watch what you tell yourself in difficult situations. Avoid using words like "always" and "never." For a healthier, more constructive perspective on stressful situations, draw on your strengths and the positives of your past successes.

2. OUTFOX STRESS

When stress overwhelms you, focus on problem solving, say experts. Treat the stress as a puzzle that needs to be solved. Identify the source of pressure and gather information. Devise a plan of action and put it in place step by step. Sometimes your solution may not work, but often it's less stressful to make a wrong decision than no decision at all.

● Pick your battles. Don't spend $100 worth of energy on a $1 frustration. Similarly, roll with the punches if a problem looks insurmountable.

● Be assertive. Learn to say NO when your rights are being trampled, says Paul Rosch, M.D., president of The American Stress Institute in Yonkers, New York. But also be graceful so that you invite cooperation.

● Be practical. Break big tasks down into smaller ones. Don't cram errands into a few moments of spare time. Stay away from people who irk you.

● Keep things in perspective. Change what you can and work on accepting things you can't change.

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STEVE SCHWAM

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CALMING JANGLED NERVES

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3. PUT TIME ON YOUR SIDE

The cumulative stress of everyday hassles—errands, traffic, constant interruptions—may be just as hazardous to your health as the stress from major life changes. Using time wisely can limit pressures.

- Prioritize. Ladle out energy appropriately to the most important people and activities. Eliminate time wasters.
- Plan. Make "to do" lists. Divide tasks into "musts" and "can wait." Dispatch simple tasks quickly. Deal with mail at once.
- Organize. Set up a marker board to keep track of tasks. Keep car keys, address books, and bills in special places so that you won't have to hunt for them.
- Delegate. Spend your "time dividend" on things you love to do. Take time to do nothing.
- Simplify. Doesn't it seem futile to try and have it all?

4. GET PHYSICAL

Stress often drives people to escape through overeating, drinking too much, or taking drugs. Those coping devices may mask anxiety or depression but are self-destructive.

The healthier path is to follow the lead of our human ancestors who learned the art of literally fleeing from stress-producing predators. Exercise—20 minutes of aerobic (pulse raising) workout, three times a week—similarly serves the "fight or flight" response by releasing muscle tension and draining away stress hormones circulating in the body.

- Find exercises that you enjoy. For some people, jogging is stressful, not stress-relieving, notes Dr. Rosch. Stick to what you like, building variety into your routine.
- Try relaxation exercises. Turn off the "worry machine" inside your head with yoga, meditation, or biofeedback. Or try a stress-dissolving Eastern martial-arts exercise such as t'ai chi. Look for courses in your area.
- Take informal relaxation breaks. Seated in your chair, try relaxing your muscles with simple stretches. Combine this with deep, slow breaths. Clear your mind and tell yourself to be calm. Do this whenever anxieties build up.
- Laugh a lot. Stock up on humor materials and keep them handy. Pull out your favorite cartoons, joke books, and videotapes to defuse stress. Be more playful.
- Set aside private time. Get a massage. Sit alone, soak in a bath, listen to soft music. Almost any quiet activity—ranging from prayer to crocheting to starting an aquarium—will soothe stress-jangled nerves.
- Keep a journal. Confession, good for the soul, may relieve stress, too. In one study, journal-writing provided more therapeutic benefits than counseling sessions.

5. GET CLOSER

While money and time pressures commonly produce stress, social isolation and loneliness also are sources that have serious consequences. In Alameda County, California, researchers discovered that people with weak social ties suffered more illnesses. Families often provide crucial support, but friends and neighbors can serve that role, too.

- Develop close friendships so that you can turn to someone when you're in distress.
- Cultivate connections with a wide group of people to provide a sense of community. Join a church. Be part of the PTA. Work on a neighborhood-improvement campaign.
- Meet people with similar interests: Join a computer-user's group, a bowling league, or the YMCA.
- Get a pet. Numerous studies suggest that pets reduce stress.
- Attend formal social-support groups. Group counseling, self-esteem workshops, and 12-step programs such as AA offer general-purpose camaraderie and friendship as well as provide help for specific disorders.

Social networks have numerous benefits, says Dr. Flannery. Strong bonds answer a universal human need to be loved and cared for. By turning to others, people who are struggling with problems understand they are not alone.

Helping others also turns out to be a positive two-way street. Studies show that when people have a chance to *give* as well as receive, feelings of altruism and accomplishment lead to better health.

6. DO UNTO OTHERS

It may be useful to note that in Dr. Flannery's research, one element of stress management also is common to many of the world's great religions. "It's the Golden Rule," he says. "We find that people who are concerned with the welfare of others and not just their own material advancement are healthier and happier. It makes sense. When you think about others, then the other pieces fall into place."

For more information on stress management, write:

- The American Institute of Stress, 124 Park Ave., Dept. B, Yonkers, NY 10703;
- The Hardiness Institute, 19742 MacArthur Blvd., Suite 100, Irvine, CA 92715-2408. ■

ADVICE FROM A PRO

Not all stress-management advice is the same. Consider the philosophy of Satchel Paige, the legendary baseball hurler who pitched until he was 47 years old. His recipe for health:

1. Avoid fried meats which angry up the blood.
2. If your stomach disputes you, lie down and pacify it with cool thoughts.
3. Keep the juices flowing by jangling around gently as you move.
4. Go very lightly on the vices such as carrying on in society. The social ramble ain't restful.
5. Avoid running under pressure at all times.
6. Don't look back. Something might be gaining on you.

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THINK YOURSELF HEALTHY

SECOND OF A TWO-PART SERIES

A guide to healing with love, humor, happiness and hope ■ *by Blair Justice, Ph.D.*

WE HAVE SEEN THAT WHEN we tone down our negative thoughts and beliefs, we seem to be less susceptible to illness. But being less negative is one thing, being positive another. We have more evidence on the negative, but at last some scientific attention is being given to the positive as it affects our health.

Just as we now know there is such a thing as "mind-made disease"—illness largely triggered by our own stressful thoughts and behaviors—there is good reason to believe that "mind-made health" is also a reality.

THE LOVE/HEALTH CONNECTION

Psychologist David McClelland of Harvard has found that when students are shown a film designed to inspire feelings of love and caring, an antibody—salivary IgA—increases, providing major protection against colds and upper respiratory infection. The film they saw was on Mother Teresa, the nun who won a Nobel peace prize for her work in caring for the poor on the streets of Calcutta.

Even those who professed intense dislike for Mother Teresa—some said she was a fake and that her work did no good—showed immune function improvement. Such a finding is consistent with McClelland's theory that deeper, unconscious beliefs and motives determine people's bodily reactions and their behavior more than do conscious cognitions. He thinks a figure like Mother Teresa reaches "the consciously disapproving people in a part of their brains that they were unaware of and that was still responding to the strength of her tender loving care."

When the students were shown a film on Attila the Hun, their antibody levels dropped. Salivary IgA

Dr. Justice is a professor of psychology at the University of Texas Health Science Center in Houston.

CAROL GILLOT

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'Caring is a potent mediator of bodily responses. Persons with pets to care for recover faster from illness.'

levels also decrease when people see a film that evokes feelings of helplessness, which suggests why a sense of control can help protect health.

Having as a trait the ability to love and care about others seems to result in lower levels of the stress hormone norepinephrine and a higher ratio of helper/suppressor T cells, an important balance in a healthy immune system. Less illness is associated with the caring trait.

McClelland also has tested for the physiological effects of intimacy. People with high scores on intimacy have higher levels of IgA antibodies and report less serious illness. In addition, he has found that people who seek friendship and affiliation with others are generally more healthy.

In Topeka, Kansas, at the Menninger Clinic, tests showed that people who are romantically in love suffer fewer colds and have white blood cells that more actively fight infections. The lovers also are reported to have lower levels of lactic acid in their blood, which means they are less likely to get tired, and higher levels of endorphins, which may contribute to a sense of euphoria and may reduce pain.

McClelland acknowledges that "we don't have any idea about how love aids the lymphocytes and improves immune functions," but the evidence strongly suggests it does.

Bernie Siegel, an assistant clinical professor of surgery at Yale Medical School who has been a practicing surgeon for more than 30 years, predicts that "someday we will understand the physiological and psychological workings of love well enough to turn on its full force more reliably. Once it is scientific, it will be accepted."

Other evidence also suggests that caring is a potent mediator of bodily responses. Persons who have pets to care for have been found to recover faster from illnesses. People with myocardial infarctions who own animals have been reported to have one-half the mortality rate of those who do not have pets.

Among patients in hospitals who have had heart attacks, those with pets waiting for them live longer after returning home. Pets also seem to help us be more optimistic, another quality that contributes to better health.

Giving people something to care for can enhance their sense of control in life. When a group of nursing-home residents was given plants of their own to take care of and was urged to assume more responsibility for themselves as well, they reported

Continued on page 100

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a greater sense of control and showed significant improvement in their health and activity. They also lived longer.

The effects of tender loving care on both animals and humans can be profound. Rabbits on a high-fat diet that were talked to and petted developed significantly less atherosclerosis than those that received only routine treatment in the laboratory. Women surgical patients whose hands were held by a nurse while blood pressure and temperature were taken were able to leave the hospital sooner and recovered faster at home.

BEAUTY AND THE BODY

A number of years ago psychologist Abraham Maslow, in proposing that a hierarchy of needs motivates human behavior, suggested that beauty promotes health. When we are moved by music, the beauty of nature or a work of art, we apparently "turn on" and release in the brain opioid substances—endorphins or similar peptides—that give us goose bumps, "thrills" or other sensations of pleasure.

Various studies have shown that nature scenes—views of water and vegetation, particularly—elicit positive feelings in people, reduce anxiety in those who are stressed and significantly increase the amplitude of alpha brain waves. High alpha amplitude is associated with feelings of relaxation. When we experience beauty, then, we seem less likely to have stressful thoughts and physiological arousal.

Roger Ulrich, in the department of geography at the University of Delaware, tested the effects of hospital room views on the recovery of patients who had undergone gallbladder surgery. Twenty-three patients were in rooms that overlooked a stand of trees with foliage. A matched group of 23 other patients who had gallbladder surgery in the same hospital had a view of a brick wall from their rooms. Those with the tree view spent significantly less time in the hospital after surgery, required substantially less painkilling medication and had fewer negative ratings from nurses on their recovery.

THE HEALTH POWER OF HOPE

Research on people who live longer shows that they characteristically have a sense of hope, order and control in their lives. "The hope habit" seems to encourage longevity by reducing the effects of stress on the body and turning on self-healing systems.

Shlomo Breznitz, a researcher from the University of Haifa, in Israel, who is at the National Institute of Mental Health studying hope, is convinced that hopeful patterns of thinking can be cultivated like any habit or discipline—brushing our teeth, for instance. Thinking hopefully is the opposite of being a doomsayer or

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fatalist. Someone with the hope habit whose father died at 55 will say, "I'm going to live my life so I'll beat those odds," rather than, "My father died at 55, so I guess no matter what I do I will too."

Another hope researcher, psychiatrist Louis A. Gottschalk of the University of California at Irvine, believes that spiritual faith helps people lead more hopeful and less stressful lives. Gottschalk and his co-workers developed a way to measure how much hope people have by doing a content analysis of samples of their speech. They found that among 16 patients with various metastatic cancers, those with higher hope scores prior to treatment survived significantly longer. A substantial correlation also was found between hope and survival in a group of 27 cancer patients undergoing radiation therapy at Cincinnati General Hospital.

THE OPTIMIST'S EDGE

Although our outlook clearly affects the degree of stress we feel and our physiological reactions, the effects of being optimistic have only recently been researched. Psychologists Michael Scheier of Carnegie–Mellon University, in Pittsburgh, and Charles Carver of the University of Miami found optimism was a predictor of physical well-being. Among some 140 undergraduates under the stress of deadlines and impending exams, those who were more optimistic reported being less bothered by physical symptoms than did the students who were inclined to be pessimistic.

The psychologists decided that the optimistic students coped more effectively with problems and were thus less likely to experience physical symptoms of any magnitude from stress.

In addition, an optimistic outlook may, in itself, activate protective healing systems.

Other research has indicated that an optimistic attitude is also a key factor in living longer and getting sick less often. For instance, people who are optimistic about their own health have been shown to be at reduced risk of dying. This is true even if "objective" measures—laboratory tests, doctor examinations—show them to be in poor health. In contrast, people who believe they are in poor health but objectively are in good or excellent health have an increased mortality risk.

Such findings were documented in a study of 3,128 people 65 years and older in Manitoba, Canada. They were surveyed in 1971, and records were gathered from physicians and hospitals on their health status. The Canadians, none of whom were in institutions, were then tracked for the next six years. Even when differences in age, sex, income, residence and life satisfaction were controlled for, those who believed their health was excellent had one-third the risk of death of those who perceived that their health was poor.

A job hunter's guide fo

Meet our outstanding working women for '89

The ten extraordinary achievers selected as Outstanding Young Working Women for 1989 have one thing in common: Each set goals early on and pursued her dream with passionate determination. Not that they all followed a straight path: One left corporate life to head up a humanitarian relief effort; another left her family business to start a competing business, and another, after years as a professional model, built a career on the other side of the camera.

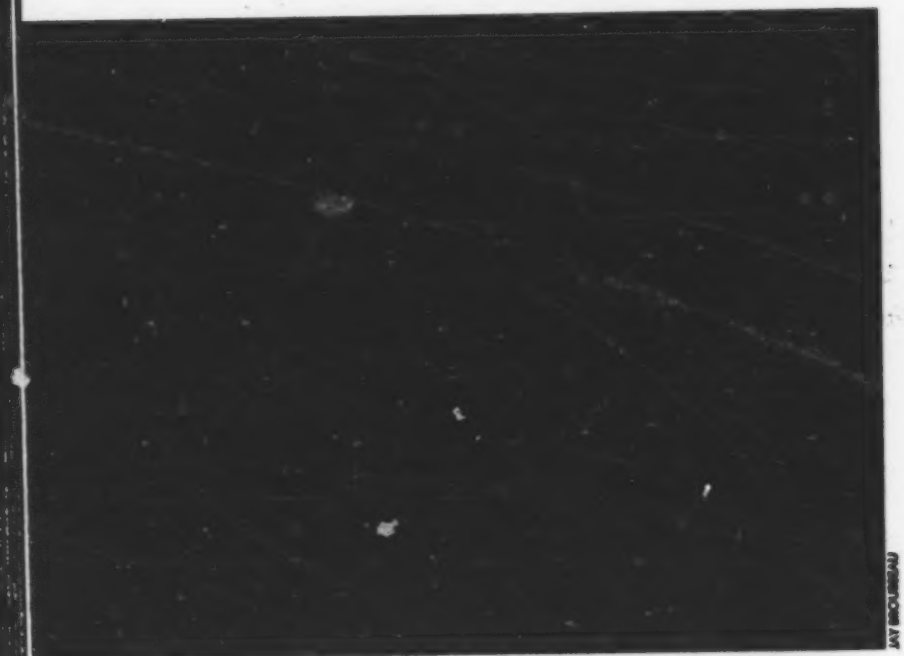
To find out how you could be among next year's winners, see page 124.

As we move into the nineties, there's good news on the employment front. What are the rising-star industries, and which jobs should you avoid? What cities show the greatest promise for growth and opportunity? Read on to discover how to make the most of the nineties' job opportunities, how to avoid the pitfalls and how to prepare for the exciting changes and challenges of a new decade.

THE TEN FASTEST GROWING JOBS THROUGH THE YEAR 2000

Job:	Percentage Growth
Paralegal	104
Medical assistant	90
Physical therapist	88
Physical and corrective therapy assistant	82
Computer repairer	80
Home health aide	80
Podiatrist	77
Computer systems analyst	76
Medical records technician	75
Employment interviewer	71

Source: The Bureau of Labor Statistics, 1987



JIM BOURG/AFP

CAPTAIN CHRISTINE KNIGHTON, 31
Company Commander, U.S. Army—1st Cavalry Division, III U.S. Army Corps Ft. Hood, Texas

Christine Knighton was the second black female in the history of Army aviation to graduate from Army helicopter training. Today, as commander of Delta company, she oversees 138 officers and soldiers and over $30 million worth of equipment.

What will be the 5 worst jobs?

1. Teacher: Overworked and underpaid is still the teacher's theme song, and the lower birth rate through the next decade may lead to layoffs. Having a specialty in science, math, engineering or a foreign language may help.

2. Nurse: The nursing shortage means jobs will be available, but working conditions are stressful and the pay is relatively low. Consider instead starting your own practice to take advantage of the growing need for health-care workers for the elderly.

3. Secretary/word processor: The boom in computers will turn the office—for some workers—into an electronic sweatshop. Networked terminals will mean one secretary will be shared by many bosses, leading to less status and more stress.

4. Telemarketer: Few other jobs combine such extremes of frustrating work and low pay. It's not a bad springboard to try for other, more promising jobs in telecommunications, but don't stagnate here.

5. Flight attendant: Deregulation and layoffs have led to lower wages and less job security. And stressful, tiring work continues to be the norm.

—Marilyn Moats Kennedy

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Labor unions and educators don't think much of the idea, but apprenticeships are finally getting a bit of the attention they deserve.

Earning and learning

By Janet Novack

BRIAN ROWE, a transplanted Englishman, recalls himself at 16. "I knew I liked airplanes," he says, "but I didn't really think I was going to go to college." So, like many European teenagers, Rowe entered an apprenticeship; his was a five-year program at the de Havilland Engine Co. in England. By 18, he was designing parts for jet engines. At 24, while still at de Havilland, he earned a university degree in engineering.

Rowe is now 61 and head of General Electric Co.'s $7.9 billion (1991 sales) Aircraft Engines division, the company's most profitable operation. He is also a proponent of apprenticeships. De Havilland's apprenticeship program, he says, allowed students to find their own academic level, while giving those headed for management hands-on experience. Rowe: "Too many engineers go straight into the office rather than seeing what makes engineering tick."

In Europe, apprenticeships are fairly common. On this side of the Atlantic, they're rare. But with the breakdown in public education, the idea is beginning to get some well-deserved attention.

Consider 18-year-old Timothy McKee, a junior at South Williamsport High School in Williamsport, Pa. McKee says he missed more than 60 out of 180 days of high school last year. "I was flunking out," he says. "I saw no practical use for what they were teaching us." But this year McKee is part of a small pilot program that has made him an apprentice in a local Textron Inc. plant that makes engines for small airplanes. He is earning $4.45 an hour learning everything from machining to metrology during the three days a week he spends in the plant. And he's earning mostly A's during the two days a week he spends in public school classes, learning math and other skills he will need on a modern factory floor.

Brian Sheets, 17, another Textron apprentice, felt he wasn't really learning in regular classes. He says: "It's weird, but I found I really like drafting." He had wanted to be a disc jockey; now he plans to study drafting and then earn an engineering degree.

Hilary Pennington is president of Cambridge, Mass.' Jobs For the Future, a group that is pushing apprenticeships. She says apprenticeships like Textron's are very likely to spur an interest in school. "Some kids," she says, "won't learn the math they need to read a blueprint until they need to read a blueprint." Yet today less than 2% of U.S. high school graduates complete apprenticeships; most of those are in the building trades and do little to provide the better-educated

Paul Batkowski, manager of labor relations at Textron's Williamsport plant, with apprentice Timothy McKee **Now that he's learning precision machining, McKee doesn't cut class.**

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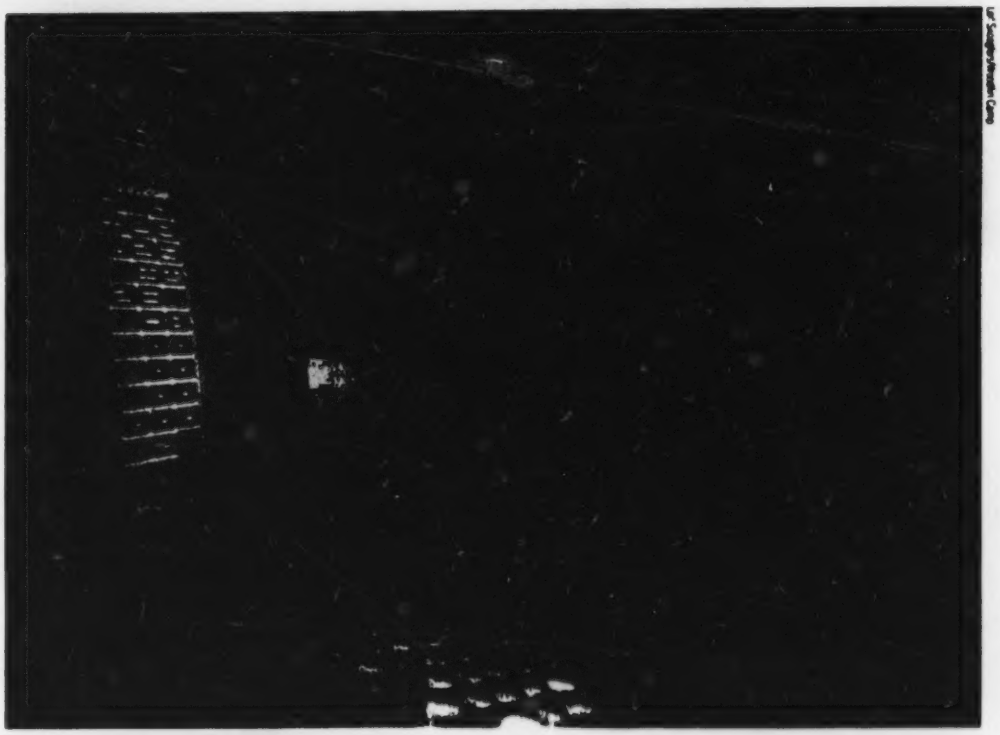

Apprentice Brian Sheets works on a computer-aided design system at Textron **"It's weird, but I found I really like drafting."**

workers that U.S. industry needs.

Why aren't apprenticeships more popular? Partly because most Americans think that a college degree is the only ticket to a good job. As a result, every year hundreds of thousands of youngsters who are ill prepared for college enroll anyway. This is good for the educational establishment, whose members are mostly hostile to the idea of apprenticeships. But it's a waste of time and money for many students. Around 50% of all youth now begin college, but fewer than two in five of those actually graduate by age 25. Of those that do graduate, many emerge with no readily marketable skills.

Cornell University professor Stephen Hamilton, who wrote a book on Germany's comprehensive apprentice system, says the U.S., with its exclusive emphasis on college, has "institutionalized a period of floundering" for youth who don't go to college or quickly drop out.

Like many educators, labor unions also feel threatened by apprenticeship programs. Many unions see apprentices as cheap labor, and do what they can to control the programs. For example, at Textron's Williamsport plant, the labor contract with the United Auto Workers requires a worker to stand by when an apprentice works—even after the apprentice knows what to do.

Washington isn't doing much to help the apprenticeship programs proliferate. The U.S. Department of Education is spending $90 million this year on what's called "tech-prep" programs, linking 11th and 12th grade to junior college—but often without much, if any, workplace involvement. Meanwhile, the Department of Labor is spending less than $4 million a year to promote youth apprenticeship programs.

Still, the failure of educators to educate and the growing shortage of well-trained, flexible workers are adding momentum to the small but growing apprenticeship movement. Next fall, for example, 20 eleventh-graders in Tulsa, Okla. will begin four-year apprenticeships at Hilti A.G., an American Airlines' maintenance facility, Baker Oil Tools and other Tulsa sites. In the first two years the apprentices will spend a fourth of their time working in the plants and almost half their time in technical training classrooms. The rest will be spent in straight academic classes. They'll be paid $7,500 their first year, rising to $14,100 in their fourth year. Beyond that? Machinists at American Airlines' Tulsa operations currently make $30,000 to $40,000 a year, and more if they're supervisors.

By design, the program demands dedication. It was put together by the Tulsa Chamber of Commerce, under the prodding of Andre Siegenthaler, vice president of human resources for the U.S. subsidiary of Hilti, A.G., a Liechtenstein-headquartered maker of fasteners with a plant in Tulsa. Aware of the criticism that apprenticeships too often limit young workers' options, the organizers made sure that the students can earn enough academic credits to enter a four-year college after 12th grade, if they wish. But to do so the apprentices must attend the school/work program eight hours a day, 220 days a year, rather than the usual high school regime of six hours a day for 180 days.

American 16-year-olds aren't, despite the stereotypes, too lazy or immature to settle down and work hard. Many of them are simply fed up with what they're getting from the educational bureaucracy. ■

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Spoil *Yourself* for a Change

To be a good mother, first be good to yourself.

By Ron Taffel, Ph.D.
Ron Taffel is the director of Family and Couples Treatment, Institute for Contemporary Psychotherapy in New York City and the author of "Parenting by Heart," published by Addison-Wesley.

AFTER WORKING with thousands of families for 20 years, I've discovered a pretty simple equation about confident parenting: The kinder we are toward ourselves as parents, the better we do raising healthy kids. But the idea of moms nurturing themselves is not one easily put into action by most women.

In fact, I would say that "being kinder toward yourself" is still the most fundamental issue for women in family life. Most women do most of the work within the family, including nurturing. But I am frankly outraged by theories that suggest women assume this caretaker role as a way of maintaining control and dominance. You've heard them—"the mother pushes the father away when he tries to help with the kids; she's overcontrolling; she doesn't really want to share responsibility."

While there is occasional truth to these observations, it is a drop in an ocean of reasons that make it extremely difficult for most women to ignore caretaker demands without some guilt or, as psychologist Harriet Lerner writes, a deep apology. For women, focusing on others starts early. Research on infants has shown girl babies to be more responsive than boys to others' distress. And, as Harvard psychologist Carol Gilligan has pointed out, by early adolescence the moral framework of girls is already tied to the notion of responsibility within personal relationships.

Developmental issues aside, it makes little sense for a woman to abandon a caretaking role if it threatens the stability of a marriage—divorce can be economically devastating for women and children. So for many women the idea of being kinder to themselves is a psychologically "correct" theory that gets lost in the role of Mom as nurturer and in the chaos of simply getting everything done each day.

Now obviously this column can't change differences in male-female development or add more hours to the day. But bearing in mind that your kids will be nicer to you (and actually feel better about themselves) when you're nicer to yourself, start taking a few small, self-nurturing steps.

Breaking "Good Old Mom" Roles

Designate January as Be Kinder to Yourself Month and follow these two rules: First, do one self-nurturing act that is completely out of character. Second, make sure it's noticeable to the rest of the family.

Why? Many of us assume certain roles so regularly that they become our calling cards. We're known for them in our families. And notice how the most common Mom roles run exactly opposite to the idea of self-nurturance.

Some of the more popular ones are the Caretaker, who looks after everyone else's welfare and ignores her own health; the Enforcer, on whose shoulders daily discipline falls; the Cheerleader, who helps all family members get out of *their* disappointment and depressive moods; the Democrat, who makes herself available for discussion with the kids 24 hours a day; and the Earth Mother, who—like the air we breathe and the ground we walk on—is so ever-present that she is taken for granted.

It's often surprising how much the family is shaken up when you change one of your calling-card roles—even slightly. For example, one out-of-character move was reported to me by Alice, a woman I saw in counseling, whose two boys, ages 11 and eight, were driving her crazy with typical (for boys that age) putdowns and sniping at each other. There was so much bantering and bickering that she found the thought of going home at night quite repugnant. And Alice always felt that she needed to intervene and make peace. One night she became

Photograph by Yuri Hurder

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convinced it was time to take care of herself instead.

So she made a completely out-of-character purchase—a Sony Walkman. "Real cool, Mom," her 11-year-old commented on seeing his mother sport an item usually reserved for kids. Alice used this tiny electronic marvel to drown out the name calling and verbal abuse around her. Instead of getting heartburn, she relived some old heartthrobs on the golden oldies station. Interestingly, after Mom took care of her own needs—and started humming to herself around the house—the boys mysteriously seemed less interested in fighting and spent more time living in relative peace.

Parents' Night Out

SPEAKING OF needs, let's talk about that Super Bowl of self-nurturing moves—a couple of hours, or even a night, away for you and your spouse without the kids. This is one of the hardest things for modern parents to do. Being guilt-ridden about how little time we spend with our family, we're frightened about the trauma that such self-indulgence will create. I speak from experience, because my daughter Leah was three and a half years old before my wife and I took a night away together. With so much planning and worrying you'd think we were going to the Himalayas instead of to a country inn an hour away. We arranged a sleep-over date for Leah with one of her best friends, left at six o'clock Saturday night and came back at noon on the following day.

Not exactly a trip around the world. But with no child in the next room and knowing that Leah was in the hands of trusted friends, we had a truly intimate night of talking and (forgive this from a parenting columnist) hot sex. There's something almost illicit about being away from parental responsibility *together*, even if it's for just a few hours. Over the years, I've heard the same sexy reports from too many parents to ignore the importance of these occasional trysts.

Being kind to yourself can also come in strange and unexpected ways, as a participant in one of my workshops discovered. It was the night before a job interview, and Lucy was nervous. Her eight-year-old son, Leon, however, was in hyperdrive, trying to persuade Mom to get a new Super Mario Bros. 2 computer game. Being fair-minded, Lucy didn't want to take her nervousness out on Leon. But the more he badgered, the more impatient she got. Finally Lucy, in totally uncharacteristic fashion, put her head down on the table and started crying.

Leon stood there dumbfounded. "Mom crying? Was I bothering her?" It was a blast of reality breaking through his consumeristic "gotta have it" trance. When Mom explained how the interview was making her so nervous, and that she needed his help, he listened. Ten minutes later he reappeared and, as all kids do when we open our hearts, Leon responded. He had drawn a card with a rainbow and some flowers to "cheer Mom up."

Lucy discovered that one of the most powerful ways we parents can be kinder to ourselves is when we occasionally act unparentlike. Just once this month, allow yourself to say to your child an unparentlike phrase, such as, "I need your help," "I'm scared," or "My feelings are hurt." Far from turning our kids into guilt-ridden little souls waiting in line for therapists' couches, this will help them better understand who we are and the impact they have on us.

Whatever out-of-character move it takes to be kinder toward yourself, now is the time to begin. Your kids need a happy, nurtured mother. ■

You Know You Need to Be Kinder to Yourself When . . .

• The kids forget those important occasions, like your birthday. You may be signaling to them that you don't deserve special treatment.

• Your child doesn't apologize or seem remorseful after he's done something that's especially hurtful (as all kids occasionally do). You may be letting him off the hook too easily.

• Your child comes over and says, "Mom, are you okay?" Give it some thought; he may be sensing something important you're too busy to be aware of just yet.

• Your child regularly sides with you against your spouse in family discussions. She may be saying that you're standing up for your own rights well enough.

• Your child is always known as the caretaker in her crowd (even if she's a tyrant at home). She may be copying a self-denying mom.

• You've got to "cut a deal" with your kids for every request around the house. You may be demanding too little, not too much. —*R.T.*

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DOWN TO COCAINE HELL

BY JACK X

As I faced the criminal-court judge, I could also see the 15-year-old girl whose life I'd almost ruined. Next to her were her stone-faced parents, awaiting the harsh verdict they had called for. Seeing them, I knew again why I was going to prison.

Once, I'd had everything: wife and family, flourishing business, luxurious home, money. But now it was gone—all of it.

"Rise and face the bench!" the judge commanded.

As I stood, a swirl of images filled my mind: the mounds of white powder on my living-room table, the gun, the terror, the relentless descent into a chaos of deceit and corruption. I had earned this moment.

Drugs seemed just a tool, at first, to deal with rough emotions: rage at my father's death, frustration at a failing marriage, and an ambition that kept me at my law office until one or two every morning.

I remember clearly the moment I opened the door to addiction. In his will, my father had bequeathed me a building that happened to house a pharmacy. One day, I walked in and asked the pharmacist for something to "pick me up" in the morning.

The pharmacist was very helpful. "Try this," he said.

It was a bottle of amphetamines. When I took one, my depression suddenly seemed to lift. Before long I began taking a tablet every morning.

But the drug also made me feel nervous. Next my friendly pharmacist handed me a bottle of Valium. "This will calm you down."

If I could just balance my moods, I'd have it made. So now I took both drugs. And I figured if one pill made me feel good, two pills would make me feel twice as good. The logic of addiction had taken hold.

When the pharmacy went bankrupt in 1968, I decided to buy the business. I told myself it was a good investment. But actually I was

Jack X is a recovering drug addict. In accordance with Cocaine Anonymous policy, he is identified by first name only.

afraid: if the pharmacy closed, how would I feed my habit? I didn't just want the drugstore—I needed it.

Business was so good that I soon quit practicing law to open and manage a large new discount pharmacy. One night when I staggered home long after midnight, my wife was waiting at the door.

"If you're not happy here," she said simply, "why don't you leave?"

I had no feeling at all. The drugs were telling me it just didn't matter. I packed a suitcase, threw it in the car and drove back where I really felt at home—the drugstore. Not long afterward, someone asked me what my plans were. "I don't know," I replied. It was the truth.

Then I found cocaine—and the truth no longer mattered.

Pull of the Powder. By now I was willing to try anything to get high. So I was delighted when a beautiful young woman in a singles bar offered me a taste of cocaine. She took a vial from her purse and poured some white powder into a miniature spoon. She showed me how to put it to my nose and inhale. It was a gesture that would soon become second nature.

Instantly I felt suave and confident. I also discovered that people gravitated toward anyone who had cocaine. It was better than having a new Mercedes.

My business continued to prosper. I invested in a chain of eyeglass stores. No matter how little I worked, money rolled in. I bought a palatial home on an inlet off Long Island Sound. I would smugly survey the spiral staircase, the fine paintings on the walls. Everything was expensive, as befitted a powerful man who was loved, envied and respected. That's what cocaine told me, and I believed it.

My "day" began at 7 p.m. I would drive to my favorite nightclub for dinner and party there until 1 a.m., when I'd invite people back to my place for cocaine. At dawn these friends of the night—whose names I had already forgotten—staggered away to work.

After a handful of Quaaludes, I'd get some sleep. At 3 p.m. I'd wake up, inhale more cocaine, drink some black coffee and go into the bathroom to vomit. I did that every day now. I just took it for granted. I'd reach the office around 4:30 p.m., leave instructions for my secretary and rush home to change into my night-life clothes. Then the real day would begin once more.

I felt on top of the world. It never occurred to me that I might be addicted. I thought an addict was a guy with tattoos and a leather jacket. And, of course, I could give it up any time I wanted.

By 1979, I was spending $2000 for an ounce of cocaine every week. I was borrowing from banks to pay my debts and inflating my financial statements to get the loans. Cocaine made the lies easy.

One day, my mother called, grief-stricken, from Fort Lauderdale. Her second husband had died suddenly, and she needed me, her

only child. I rushed to Florida, promising to take care of her.

When I arrived, I felt numb. I had no interest in my mother's pain. I could see she wanted me close, but a hunger gnawed at me. "I'm going out," I said. I drove to a friend's house, where we freebased cocaine for hours.

All night, I remember vaguely thinking I ought to go back and help my distraught mother. But I never did.

Sharing the High. I quickly came home and arranged for my 15-year-old son, Drew, to live with me that summer. I was completely open with my drug use, and Drew asked if he could try marijuana. *Sure, why not?* I thought.

Before long, father and son were leaning over a table together, inhaling cocaine through a straw. I figured I was sharing something with Drew that would make him happy, like milkshakes, or the ball games we used to attend together.

On warm afternoons, Drew's friends would come over to swim, and I thought nothing of snorting cocaine in front of them. Soon I was showing them how to inhale the powder too. I sometimes felt vague twinges of conscience, but quickly dismissed them. After all, I was just letting the kids get to know my best friend—cocaine.

One evening, however, there was a knock on the door: the police, armed with a search warrant. A 13-year-old neighbor had staggered home stoned the night before. She had confessed to her parents, "We all get high at Jack's house."

The police found only traces of cocaine—not enough for a narcotics charge. But they arrested me for "risk of injury to a minor." Penalty: up to ten years in jail.

I was outraged. How could they do this to me—a lawyer, a prominent businessman? It was pure bad luck, I thought. I pleaded not guilty and told my lawyer to use every stalling tactic in the book. I just needed time to get it together, I told myself.

Reach for the Gun. I was also $450,000 in debt. I began selling my businesses, my paintings, my cars—even my pots and pans—in a feeble effort to pay bills. Finally, I sold the house and moved into a room over a garage.

But I still didn't know how to function without drugs. Each day I was consuming three or four grams of cocaine, up to 100 mg of Valium, several Quaaludes and almost a fifth of vodka.

A cocaine-induced paranoia took over. I spent almost all my time at home now, with the blinds down. I communicated with visitors by writing on a pad, for fear of being overheard. A nameless, pervasive terror was growing in me like a cancer.

Nothing could quell it, no matter how many drugs I took or how much alcohol I drank. One night I lay awake, tossing on my bed. I heard a voice. The room was empty, but my cocaine-saturated brain told me the voice was real. It was

(Continued on page 188)

clear and commanding. "Go to the dresser," it said. "Take out the gun. Put it to your head and shoot."

Opening the drawer, I realized this was the end. The thought flooded me with relief.

I reached for my pistol. But when I pulled my hand out, I saw that I had instead grabbed the Jewish prayer cord my father had given me many years before. Suddenly the commanding voice was pushed away by my father's words: "If there is ever anything important you need," he had told me, "take this cord in your hand and pray."

I fell to the floor weeping. "God, help me—I don't want to die!" For the very first time, I thought, *This is happening because of cocaine.*

No More Lies. Soon afterward, I signed myself into Hall-Brooke Hospital—a treatment center for drug addicts and alcoholics. As the cocaine seeped from my system, I plunged into agonizing withdrawal. I couldn't sleep or think. What kept me sane were the Alcoholics Anonymous meetings I was required to attend. The people at these gatherings seemed sincere, honest, loving. I had forgotten that such qualities even existed.

I continued going to AA meetings and, little by little, began to feel that I might make it. I started to repay my creditors. After six months "clean and sober," I was elected chairman of a Narcotics Anonymous meeting. I realized that as a lawyer I had just been average; as a drug user I was a complete failure. But it did seem that I could inspire other addicts to try to stay sober.

As I worked with the "12 Steps" of AA, however, my sense of failure and shame grew deeper, especially over how I had hurt my son and his friends. The horror of it sickened me. At one AA meeting, I looked at the 12 Steps hanging on the wall. I came to the tenth, and read it as if for the first time: "Continued to take personal inventory, and when we were wrong, promptly admitted it."

I had delayed my court case for nearly two years. Now I didn't want to make more excuses for myself. I didn't want to lie anymore.

"Change my plea," I told my lawyer. "I'm guilty."

I was trembling as I drove to the courthouse that brisk November morning in 1981. But with my fear, there was also relief. I was no longer escaping the truth.

Soon three lawyer friends and one from AA filed into the courtroom. One by one, they told the court about me. "When I first met Jack, he was a hopeless case," said one. "Since then, he has tried his best to help himself and other recovering addicts." Another said I was genuinely trying to change. They all told about my year of being clean and dry, my work leading meetings.

Finally, a voice came from the back of the courtroom. "I would like to address the court!" It was the father of the 15-year-old.

"I am a doctor," he began. "I am

also a recovering alcoholic." He paused. "My family and I have decided that we do not want Jack to go to prison." The judge gave me a five-year suspended sentence and five years' probation.

I was stunned. I felt so elated that I suddenly wanted to celebrate with a drink. The impulse scared me to death, for I knew just one drink could trigger my old craving for drugs. I rushed to an AA meeting and told the group what had gone on. "The same thing happened to me," a stranger said. "A judge gave me a suspended sentence because I was in recovery. I took that drink to celebrate and kept on going." He paused. "I just got out of jail Friday."

In July 1984, I helped start a Hall-Brooke branch of a new organization called Cocaine Anonymous, which applied AA principles to cocaine use. We were hardly aware that we were part of a revolution. But there were thousands of Jacks around the United States. Today some 1600 CA meetings, with 60,000 members, are held in 46 states and in Canada.

Last January, I received a call from my mother in Fort Lauderdale. "I have cancer," she told me.

My memory raced back to 1979, when I had abandoned her. Cocaine was all that mattered then. Now I thought of AA's 12th and final step: "Having had a spiritual awakening, we practice these principles in all our affairs." It didn't take long to reach a decision. I sold my last store and moved to Fort Lauderdale to care for her.

Ten years ago, I didn't have any values. I was totally self-centered. Now I'm learning how to be human again. There are no more lies.

I continue to meet with other recovering addicts, to share hope and strength, to tell my fellow travelers that we are not alone on our way back from cocaine hell.

The National Institute on Drug Abuse estimates that at least 2.9 million Americans use cocaine. Psychotherapy and drug-maintenance programs—which can cost up to $12,000 per addict per month—have had virtually no demonstrable effect in overcoming addiction in all but a small percentage of cases. But it is estimated that 50 percent of those who regularly attend meetings of CA or NA for at least one year stay off drugs. "The spiritual aspect of the 12-Step programs is the only thing that has proved effective," says Dr. Premkumar Peter of New York Medical College. And it does not rely on highly paid therapists or require massive public funding. It is free of charge.

Reprints of this article are available. See page 221.

ANY SMART POLITICIAN knows that the best position to take is one to the left of the Republicans, to the right of the Democrats and to the front of the cameras.

—Robert Orben

nag no more

Eat sugared cereal? Climb trees? Stay up late? Sure! Being a good parent means knowing when to say yes.

BY TERYL ZARNOW

The reason my children complain boils down to the fact that I am in charge and they are not. Mine is the authorized signature on the credit cards. I am the boss. And because my three kids overwhelm me, I spend a great deal of time proving my authority.

A typical afternoon: My son and his friend have removed every pillow from the family room couch and chairs to construct a fort. In addition, they've spread magazines across the floor to form a "bridge" so they can avoid stepping in the "hot lava" that apparently flowed across the carpet when I wasn't looking. They see their creation as evidence of what a great time they are having. I see merely a mess.

"You two have to put all of that away as soon as you're finished," I admonish.

"We will," they chorus. But 20 minutes later, seized by a sudden inspiration to play outside, they don't.

No longer a mother, I am a cop: "Inside. Pick those up. Put those away." Grudgingly, they comply, then bolt for the backyard—and as they flee, I notice they are carrying the contents of the toy doctor kit from upstairs.

"Those toys are supposed to stay inside," I remind my son.

"Aw, Mom," he sighs. "We won't lose them. We just want to play with them in the backyard."

Conscious of my bad-guy image in front of his friend, I relent. Only a few minutes later, I'm sorry. Glancing casually out the kitchen window, I see my son flooding the yard with the hose as he tries to turn a pretend hypodermic needle into a water cannon. His friend attempts to catch ants with the pretend thermometer.

"Hey!" I shout in my most authoritative prison-guard voice. "Turn off the water and keep the toys out of the dirt. Remember, they have to go back *inside*."

The boys mumble what I'm forced to conclude is an assent. I find out otherwise later, when I begin negotiations over lunch. After pointing out that the toys are now covered with mud, I present the menu of nutritious options available to them. ("Hi, I'm Teryl and I'll be your waitress this afternoon....") We discuss briefly why cheese alone does not qualify as a sufficient lunch. We argue about how many slices of apple must accompany a sandwich. Then, on the condition that they wash their hands, I agree to provide yard service and feed them outside. I keep my end of the bargain; they don't.

"Pick up, guys," I say, my voice escalating in pitch. "You got the toys filthy. That's the last time I let you bring them outside. And wash up!"

The other boy casts sympathetic glances at my son, but at least he shows preliminary signs of response. Eventually, the boys—recognizing that I'm fed up—pick up, wash up, and eat up. As they race to the freezer for treats, I say nothing about the bread crusts or apple slices left on *(continued on page 152)*

KURT VARGO

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Nag No More

(continued from page 150)
their plates. They grab their ice cream and head for the living room.

"Eat at the table!" I shout.

With the long-suffering looks of wild animals in captivity, they comply. Clearly, they are sick of listening to me—and actually, so am I.

SOME DAYS I WANT to step out of character. I don't always want to come down hard on my kids. I don't want to forget what it's like to be young.

The day I caught myself arguing with my daughter about the proper way to line up her shoes in the closet, I had to remind myself that these are children—not military inductees. No wonder my older children sometimes forget that I, once upon a time, on the rug on my hands and knees, was their first friend. Now they don't want to play with me. Instead of friendship, they offer me challenges—to my authority, to my sensibilities, to my sanity. I need to maintain control over my children, and I know this means they won't always like me. But I hope that, at least some of the time, they do.

Things have changed since I had to teach them not to touch a hot stove or to run out into the street. Those rules are nonnegotiable. The issues we face today are more ambiguous, and sometimes the verdict is still out. Now that my children are entering the grade school years and beginning to think for themselves, I try to understand their viewpoints and respect their judgments.

Sometimes, I deliberately try to just say yes.

This can be difficult when I'm confronted with every passing fad my children decide to adopt. Just as they vacillate between wanting to be dirty and never wanting to come out of the bathroom, so too they change their definition of what's "cool." While parents before me have had to cope with Darth Vader, I had to make my peace with the Teenage Mutant Ninja Turtles.

I remember the time my son was standing beside me in an agony of anticipation, poised for an argument.

"Please, Mom," he begged. "Can I climb up there just one time?"

"Up there" was the top of our six-foot wooden fence. From there he would have a vantage point to see into our neighbor's yard and, more important, to talk to our neighbor's son. From there he also would be high enough that a good fall could splatter his internal organs all over the driveway below. I didn't want him to climb up there almost as much as he wanted to climb up there. As a mother, I have a vested interest in his survival; as a seven-year-old, he thinks he is a goat.

He knew the odds were good that I would not let him climb. I knew the odds were good that he would do it some other time when I wasn't looking. As an automatic denial formed in my mouth, I found myself choking it back.

"All right," I said, surprising even myself. "You can do it for just a minute. But the instant I say so, you get down."

My son flashed me a look of pleased surprise, and then grinned as if to say, "See how neat my mom can be?"

And I stood there grinning, too.

As a child, I remember beseeching my mother not to send me to school one morning because we were going to have a dippy substitute again.

"If you stay home, you're going to have to help me do chores around the house," my mother cautioned.

I agreed, and I helped her make the beds. I remember how proud I felt that she had listened to me and given me a choice, that she had respected my feelings.

AS A MOTHER, one of my toughest and most unexpected challenges has been learning to go with the flow. It isn't easy to jettison the assumption that I know more about everything. I try to re-

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mind myself that my kids' opinions count.

My kids tell me to "chill out," and sometimes I do—for example, the day I brought home a box of frosted cereal. When my son found it, he was in a state of shock.

"Are we having company?" he asked, remembering that I'd lifted my rule against sugary breakfast cereals when his cousin visited. (My sister-in-law said my nephew would starve if I did not.)

"Nope," I answered. "I just suddenly remembered that I used to eat this kind of cereal for breakfast." It's true. And obviously my teeth didn't fall out, and my brain didn't rot.

On that first morning of sugar cereal, my kids acted as if there were a celebrity in our house. They wanted to know why it was allowed in. I'm searching for an answer. All I can say is a wave of nostalgia must have overcome me.

I grew up in an innocent time when people didn't worry so much about doing everything right. Oh, sure, I understand that my parents' generation was easygoing in part through ignorance. You can skip through a minefield if nobody tells you bombs are out there. I know my mother did not abstain from alcohol or tobacco during four pregnancies, and she fed us formula. I remember numerous spankings, but never do recall being sentenced to "time out."

I believe we know how to do things better today. But I also believe we take our task too seriously. We don't want good children; we want them new and improved.

Now I'm beginning to agree that less can be more. Denying your kids too much only makes the forbidden tempting. I used to shop only at "educational" toy stores because I figured those toys are "good" for kids. Now I've decided that something advertised in commercials isn't automatically "bad."

I'm starting to learn not to sweat all the small stuff. Not every snack is going to be healthy; not every meal is going to balance perfectly. And there's a lot to be said for convenience. I guess I really wouldn't want a world without "kids' meals" or diaper wipes. Just because something is easy doesn't necessarily make it morally wrong.

And I'm starting to accept that quality doesn't always count. When you have children, a certain amount of mud and destruction comes with the territory, and there's no point in making life any harder than it already is. Fads will pass, and even take the Teenage Mutant Ninja Turtles with them.

With the long-suffering looks of wild animals in captivity, my kids comply with my latest demand. Clearly, they're sick of listening to me—and actually, so am I.

So sometimes I try to stifle my impulses and remind myself that exercising better judgment is not always best. This is how I found myself in the driveway, spotting for my son as he shouted to his buddy from the top of the fence. The mother next door was attracted by all the commotion. She sternly asked my son, "Does your mother know you're way up there?"

And as my son answered, "Yep," I smiled to myself. □

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